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ABSTRACT

Part of a national survey effort by the U.S. Centers for Disease Control and Prevention (CDC), the Youth Risk Behavior Survey (YRBS) conducted in Wisconsin public schools in 1997 is presented. The core of the survey measures 16 objectives set by CDC as part of its Year 2000 initiative. Additional questions were added specifically for Wisconsin. This survey has been administered every two years since 1991 in grades 9 through 12 in Wisconsin. This research design provides data for comparison with national prevalence rates and across time. A trend analysis was also conducted. Data analysis is reported for the following areas of concern: unintentional injuries, weapons and violence, suicide, tobacco, alcohol and other drugs, sexual behavior, diet and exercise, health care, and assets. For each area of concern a context is presented along with general prevalence rates, trends, and comparisons by demographic groups. "Assets" includes social support and extracurricular activities; positive values are also assessed. Overall gender and grade level comparisons, indices for individual risk factor areas and total risk factors are reported. Relationships between risk factors are discussed. Appendices include the Questionnaire, Index Construction, Tables (data), Year 2000 Objectives, and References. (EMK)

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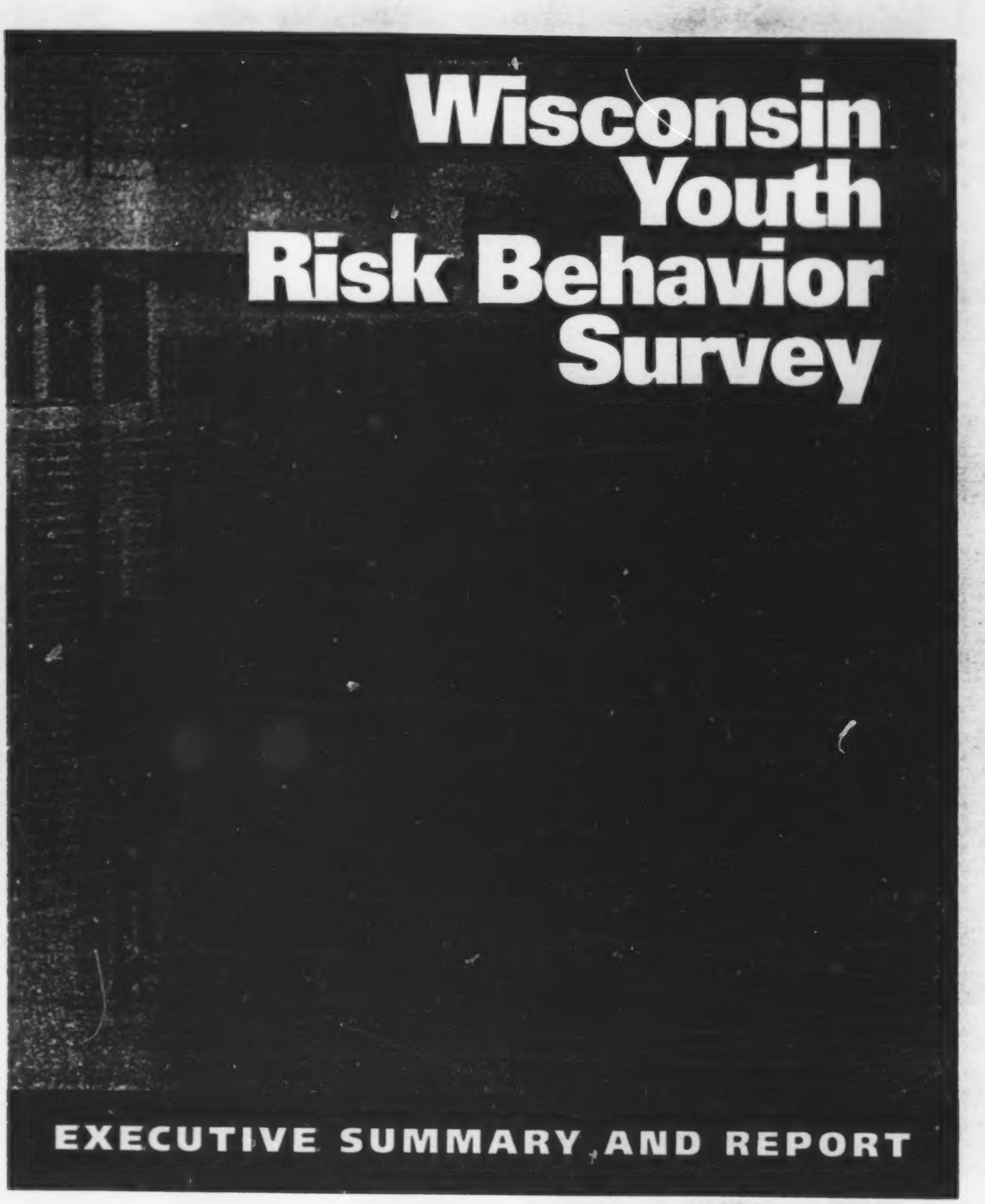

Wisconsin Youth Risk Behavior Survey

EXECUTIVE SUMMARY AND REPORT

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

1997

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Wisconsin Youth Risk Behavior Survey

for

Wisconsin Department of Public Instruction

by

Ben Kadel

Wisconsin Survey Research Laboratory
Madison, Wisconsin

April 1998

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Executive Summary

- The 1997 Wisconsin Youth Risk Behavior Survey (YRBS) is conducted as part of a national survey effort by the U.S. Centers for Disease Control and Prevention (CDC). This effort has included similar surveys conducted in 39 states, four territories, and 16 cities over the past eight years. The survey contains questions which measure objectives set by the CDC as part of its Year 2000 initiative as well as additional questions added by the Wisconsin Department of Public Instruction (DPI) and the Department of Health and Family Services to measure issues of special interest to Wisconsinites.
- This report details study methodology, including questionnaire design, sampling, administration, and analysis. The report includes findings of the YRBS in the following areas: unintentional injuries, weapons and violence, suicide, tobacco use, alcohol and other drug use, sexual behavior, diet and exercise, and assets. It also includes an analysis of the relationship between risk behaviors and assets.
- A stratified random sample of classrooms in all public schools with ninth through twelfth grades was taken. The YRBS was administered to 1,325 students in 43 public high schools in Wisconsin in the spring of 1997. The students who participated in the survey are representative of students in Wisconsin.
- The YRBS was conducted nationally and in Wisconsin and provides data for important comparisons with national prevalence rates and across time. The results of this survey can be used to make important inferences concerning the health-risk behavior of all Wisconsin public high school students in grades nine through 12.
- Over one-third of students reported riding with a driver who had been drinking at least once in the past 30 days and 16 percent said they had driven after drinking.
- There is a steady increase in driving after drinking as grade level increases from 10 percent of ninth graders to nearly a quarter of all seniors.
- Physical fights are fairly common among high school aged students, though most appear to involve only minor injury. About one-third said that they had been involved in a physical fight at least once in the past 12 months, and four percent said that they required medical attention as a result of a fight.
- The percentage of students carrying weapons decreased from 19 percent in 1993 to 15 percent in 1997. This appears to be due primarily to changes in male students' prevalence rates, which dropped from 32 percent to 25 percent in the same time period.
- Male students had a significantly higher prevalence rate than female students on nearly every measure of violence and weapons use including: carrying weapons (both on and off school property), carrying guns, and being involved in a fight (both on and off school property).
- Nearly a quarter of all students reported seriously considering suicide in the past 12 months and one-fifth reported attempting suicide in the same time period.
- Just over half of all students reported having had at least one cigarette in their lifetime, slightly over a third reported having at least one cigarette in the past 30 days and 16 percent reported smoking on each of the past 30 days.
- Students who lived with an adult smoker were more likely to have had their first cigarette at an earlier age, to have smoked at all in the past 30 days, to have smoked on more days in the past 30, and to have smoked more on those days when they smoked than students in homes without an adult smoker. They are also more likely to report

having tried to quit smoking than other students who had smoked at least one cigarette in their lives.

- Over three-quarters of all students reported having at least one drink in their lives and half reported having at least one drink in the past 30 days.
- For most students, drinking is an occasional event, but when they drink, they are likely to drink heavily. For those who reported having had a drink in the past 30 days, over two-thirds reported drinking on five or fewer days. However, two-thirds of these students reported having five or more drinks on at least one occasion in the same time period.
- Students in 1997 were significantly more likely to report having used marijuana in their lives than students in 1993 and to report using it more times in their life. Students were also more likely to have had someone offer, sell, or give them illegal drugs at school in 1997 than in 1993.
- The percentage of students who drink and the frequency of drinking and binge drinking increase as grade level increases.
- Four in ten students report having had sexual intercourse. Nearly half of students who had ever had sex, reported having their first sexual intercourse when they were 15 or 16 years old.
- There are indications that students become more sexually responsible as they pass through higher grades. The percentage who reported using drugs or alcohol before their last sexual experience decreases and the percentage who reported using either a condom or birth control pills increases as grade level increases.
- Nearly two-thirds of all students said that they had exercised or participated in physical activities for at least 20 minutes on three or more days in the past seven days.
- Students generally reported eating higher levels of unhealthy foods (such as foods high in fat or sugar) and lower levels of healthy foods (such as fruits, vegetables, grains, and dairy products) than recommended. For example, only eight percent of students reported having fruits or vegetables five or more times on the previous day and only four in ten had had dairy products three or more times.
- Students reported generally high levels of social support. The vast majority agreed that their parents knew where they were and who they were with most of the time, had two or more adults they could turn to, felt their family gave them love and support, and felt that their parents set clear rules and expectations for them.
- Students also reported high levels of positive attitudes about themselves including caring about other's feelings, standing up for their beliefs, and feeling they will be a success as an adult.
- Risky behaviors in alcohol use, tobacco use, drug use, and sexual activity were very highly correlated. This indicates that students who engage in a high number of risky behaviors in any one of these areas are also highly likely to engage in a high number of risky behaviors in the other areas as well.
- Generally, risk factors were highly negatively correlated with social support and positive attitudes. This means that as social support and positive self-attitudes increase, involvement in risky behaviors generally decreases.

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Foreword

In the spring of 1997, staff at the Wisconsin Department of Public Instruction notified the administrators of 60 high schools throughout the state that their schools were selected randomly to participate in an extremely important study of student behaviors and perceptions in a variety of health and safety areas. As a result, educators, community service planners, legislators, policy makers, and parents now will have information that can lead to solutions to the challenges facing many young people in our state.

The purpose of such a study is to take a "snapshot" of the health and well being of Wisconsin adolescents. By understanding the barriers to learning, as well as the factors that can strengthen children, we can develop strategies that will ensure their academic, vocational, social, and emotional success. This, in turn, can ensure a brighter future for all of us.

I encourage you to read this report with one question in mind: How can I use this information to make a contribution to the improvement of the health and safety of Wisconsin school children? Together, we can do so much. But, it starts with a personal commitment to act. Please have the same courage the principals and the 1,300 student participants had in telling this story.

John T. Benson

John T. Benson
State Superintendent

The Survey and Results

The 1997 Wisconsin Youth Risk Behavior Survey (YRBS) is conducted as part of a national survey effort by the U.S. Centers for Disease Control and Prevention (CDC). This effort has included similar surveys conducted in 39 states, four territories, and 16 cities over the past eight years. The core of the survey instrument (see Appendix A) measures objectives set by the CDC as part of its Year 2000 initiative. The Year 2000 initiative has identified 16 objectives regarding the health of American youth (see Appendix D for a detailed discussion of Year 2000 objectives). Additional questions were added by staff in the Wisconsin Department of Public Instruction (DPI) and the Department of Health and Family Services to measure issues of special interest to Wisconsinites.

The YRBS was conducted nationally and in Wisconsin among students in grades nine through twelve. In Wisconsin, it has been administered every two years since 1991 with minor variations[1]. This research design provides data for important comparisons with national prevalence rates and across time.

At each level the sampling frame included all public schools that contained the needed grade or grades. Schools were stratified implicitly by enrollment size, then selected systematically with probability proportional to enrollment size, using a random start. Within each selected school, second-period classes were used to construct a sampling frame. At all levels, individual classes were chosen to participate via systematic equal probability sampling with random start.

The YRBS was administered to 1,325 students in 43 public high schools in Wisconsin in the spring of 1997. The school response rate was 72 percent and the student response rate was 85 percent. The students who participated in the survey are representative of students in Wisconsin. The results of this survey can be used to make important inferences concerning the health-risk behavior of all Wisconsin public high school students in grades nine through 12.

Analysis

The results were weighted to reduce bias by compensating for different patterns of nonresponse and to reflect the likelihood of sampling each student. The weight used for estimation was arrived at by the following formula: $W=W2*W3*f1*f2*f3$, where W1 equals the inverse of the probability of selecting the school; W2 equals the inverse of the probability of selecting the classroom within the school; f1 equals a school-level nonresponse adjustment factor; f2 equals a student level nonresponse adjustment factor; and f3 equals a poststratification adjustment factor calculated by gender within grade. The weighting factor was then further proportioned so that the total weighted n was equal to the total unweighted n for purposes of tests of significance. The resulting weighted responses can be used to make important inferences about the prevalence of health-risk behavior of all Wisconsin public school students at each level. All analyses reported here use these weighted responses.

---

[1] Sample sizes, strategies, and questionnaires have varied in each of the years of administration. Because of limited sample size, results from the 1991 and 1995 administrations will not be considered in this analysis. Data from the 1993 administration, which also included a subset of questions asked of sixth and eighth graders, will be used to provide limited trend analysis of prevalence rates.

General prevalence rates of different factors are reported for students as a whole. Comparisons of important differences by gender and grade level are then conducted to identify important patterns. Cross-tabulations of the risk factors by demographic categories provided important comparisons. A chi-square or linear-by-linear statistic was computed for each cross-tabulation. In general, significance levels under p=0.05 are reported as significant differences and significance levels between p=0.10 and p=0.05 are reported as marginally significant. These significance levels should be treated with some caution, however, because the sampling method may cause these analyses to overestimate differences between demographic groups.

A trend analysis was also conducted. This analysis used responses to the 1993 and 1997 YRBS, which were combined into a single data set. The creation of this data set required that some variables be manipulated so that they were comparable across the samples. In addition, some survey questions were not asked in both years and so these data cannot be analyzed. Analysis of these data involved performing either Spearman's correlations or odds ratios. Differences were reported if the Spearman's correlation obtained a p<0.01 value and the correlation itself was over 0.10. The odds ratio was reported if the 95% confidence interval significantly differed from 1.0. Again, the nature of the sampling procedure for the YRBS may cause these estimates of statistically significant differences to be exaggerated. Differences should be interpreted conservatively.

UNINTENTIONAL INJURIES

Context

According to the most recent information available for Wisconsin (Center for Health Statistics, 1996b), unintentional injuries are the number one cause of death among people age 15 to 24, accounting for 234 deaths in 1995. Crashes that occur as the result of driving while under the influence are a major factor in unintentional injuries. Wearing seat belts and helmets can prevent serious injuries involving motor vehicles.

The Year 2000 initiative has established several objectives that relate directly to unintentional injuries including seatbelt and helmet use, and riding with a driver who had been drinking alcohol. Seat belt use is estimated to reduce motor vehicle fatalities by 40 to 50 percent and serious injuries by 45 to 55 percent (National Committee for Injury Prevention and Control, 1989). Similarly, unhelmeted motorcyclists are two times more likely to incur a fatal head injury and three times more likely to incur a nonfatal head injury than helmeted riders (National Highway Traffic Safety Administration, 1980). In addition, the risk of head injury for unhelmeted bicyclists is more than six and one-half times greater than for helmeted riders (Thompson, Rivara & Thompson, 1989).

The Year 2000 Objectives offer several goals relevant to vehicle safety:

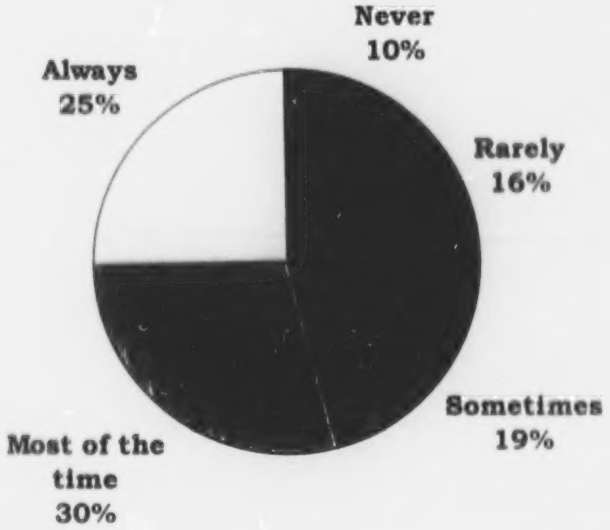
- Increase the use of occupant protection systems such as safety belts, inflatable safety restraints and child safety seats to at least 85 percent of motor vehicles.
- Increase the use of helmets to at least 80 percent of motorcyclists and at least 50 percent of bicyclists.
- Reduce deaths among youth aged 15 to 24 caused by motor vehicle crashes to no more than 33 per 100,000 people.
- Reduce deaths among people aged 15 to 24 caused by alcohol-related motor vehicle crashes to no more than 18 per 100,000.

General Prevalence Rates

One quarter of all students said that they "always" wore their seat belts when riding in a car driven by someone else (see Figure 1). This percentage rises to over 50 percent when we include those who said they wore their seat belts "most of the time". This still leaves about 20 percent of said they "sometimes" and 27 percent who said they "never" or "rarely" wore a seat belt when riding in a car with another driver. By comparison, four out of five adults who responded to the 1995 Wisconsin Behavioral Risk Factors Survey (BRFS) reported "always" or "nearly always" wearing their seat belts.

Figure 1 - Seatbelt Use

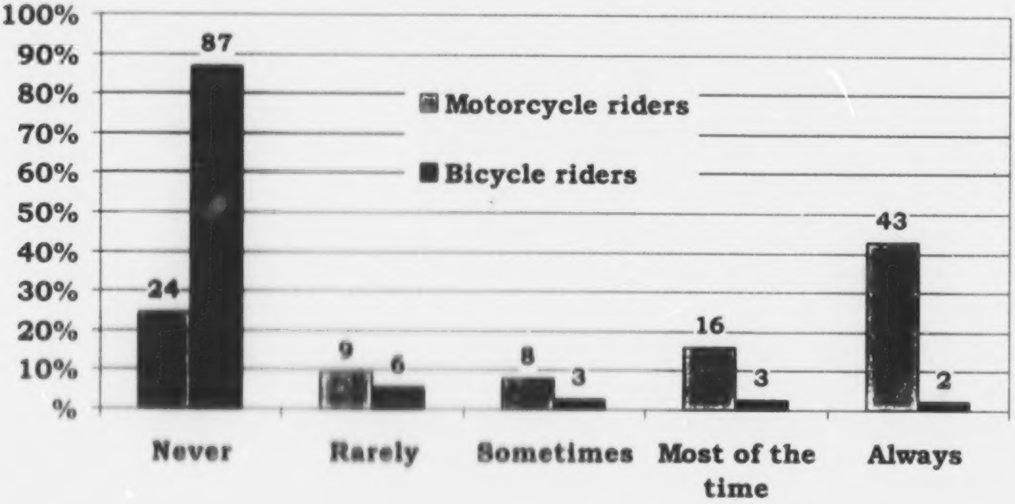
Percentage of all students by response category



Less than 30 percent of students reported riding a motorcycle in the past 12 months. Of those that rode a motorcycle, one-third said that they "never" or "rarely" wore a helmet. Less than half said they "always" wore a motorcycle helmet (see Figure 2).

Figure 2 - Motorcycle and Bicycle Helmet Use

Percentage of students who rode motorcycles or bicycles in the last 12 months by response category



Eighty percent of high school students reported riding a bicycle in the past 12 months. Of these, almost all said that they "never" or "rarely" wore a bicycle helmet when riding. Less than five percent reported wearing a helmet "always" or "most of the time."

Students were asked how many times during the past 30 days they had either ridden in a car with a driver who had been drinking alcohol or had driven a car or other vehicle after they had been drinking alcohol. Over one-third reported riding with a driver who had been drinking at least once in the past month (see Figure 3). Sixteen percent said that they had driven after drinking. By comparison, only about five percent of adult respondents to the 1996 Wisconsin Behavioral Risk Factors Survey (BRFS) reported the same behavior (see Figure 4)(Center for Health Statistics, 1997). Interestingly, juveniles only account for one percent of all arrests for driving under the influence (Wisconsin Statistical Analysis Center, 1996).

Figure 3 - Drinking and Driving Frequency

Percentage of all students by the number of times in the past 30 days they had either ridden with a driver who had been drinking or drove after having alcohol

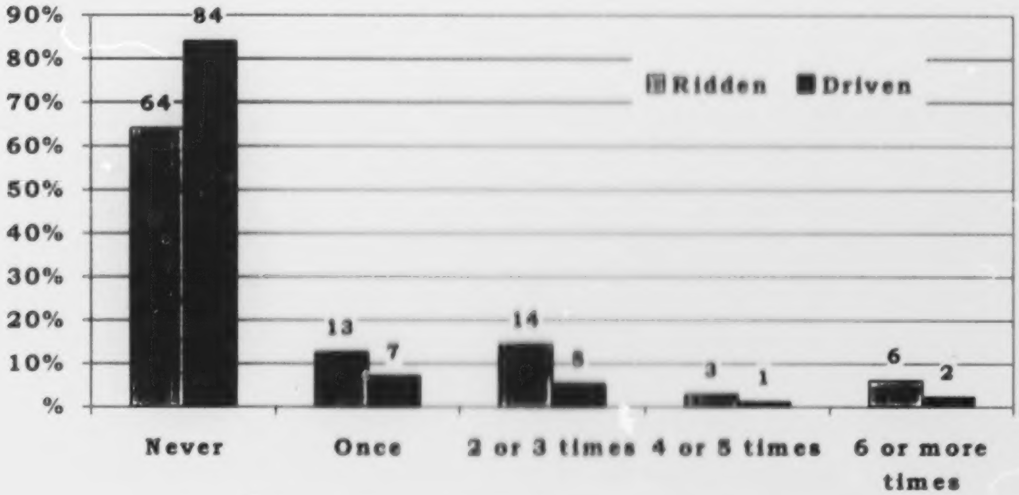
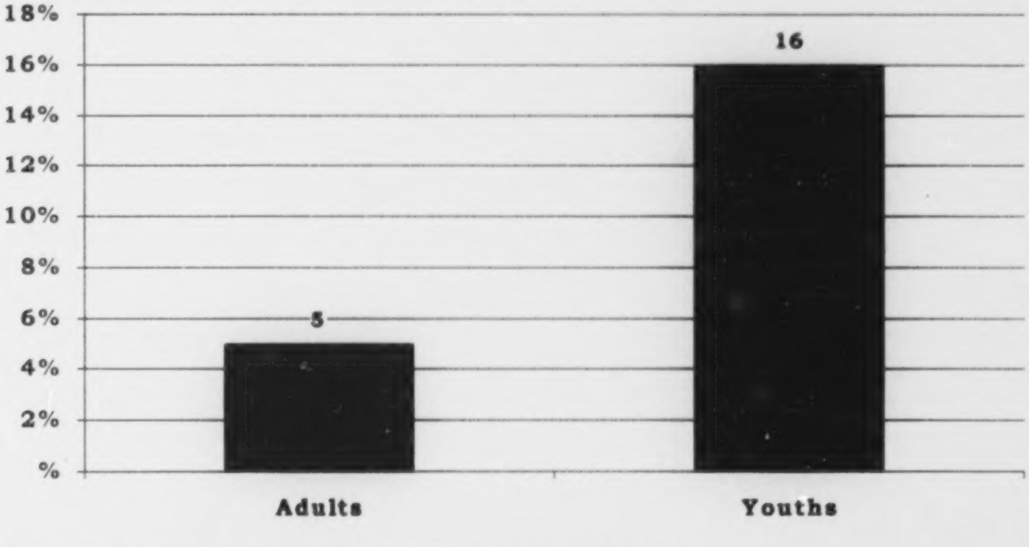


Figure 4 - Drinking and Driving by Age Group

Percentage of all students who said they had driven at least once in the past 30 days after having alcohol compared to the percentage of adults in 1996 who said that they had driven at least once in the past 30 days after having had "perhaps too much to drink"



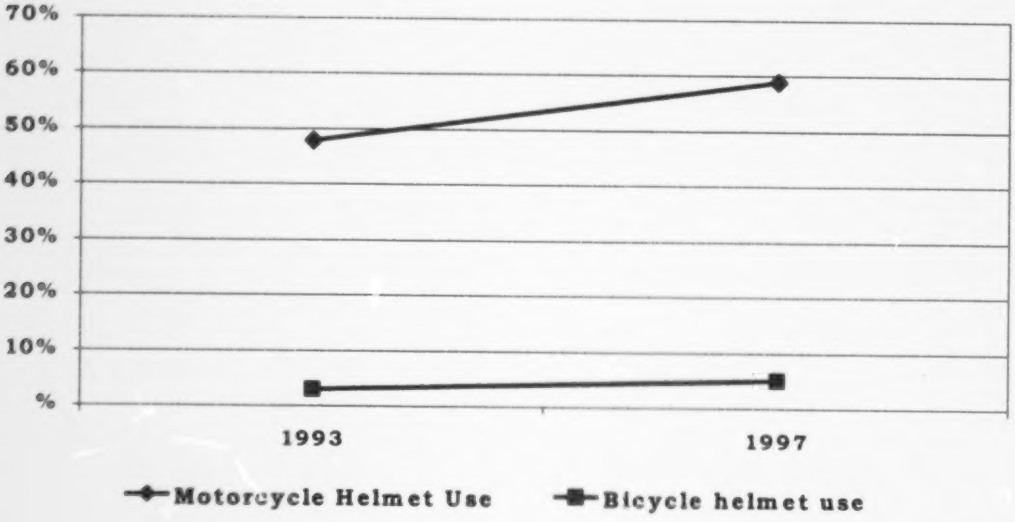
Note : Data for Adults from the 1996 Wisconsin BRFS

Trends

Though there was no change in reported seatbelt use between 1993 and 1997, there were small but significant increases in reports of helmet use over the same period (see Figure 5). The percentage of motorcycle riding students who said they wore helmets "always" or "most of the time" increased from 48 to 59 percent while the percentage who reported "never" using a helmet decreased by ten percent. Similarly, the percentage of students who rode bicycles who reported wearing helmets either "always" or "most of the time" increased from three percent to five percent[2]. There were no significant differences in the percentage of students who reported riding with a driver who had been drinking or driving after having had any alcohol to drink.

Figure 5 - Changes in Helmet Use: 1993-1997

Percentage of students who rode motorcycles or bicycles in the last 12 months who said that they "always" or "most of the time" wore a helmet by year of study



Comparisons by Demographic Groups

Gender

There were a number of important differences between male and female students in health-risk behaviors that expose students to a greater chance of unintentional injuries. Male students were significantly more likely to report "never" or "rarely" wearing seat belts (see Figure 6). The percentage of male student motorcycle riders reporting "never" or "rarely" wearing a motorcycle helmet was significantly different from female student motorcycle riders. Male students reported driving after drinking more often than female students. There was no significant difference between male and female students on the likelihood of "never" or "rarely" wearing a bicycle helmet, or riding with a driver who had been drinking alcohol.

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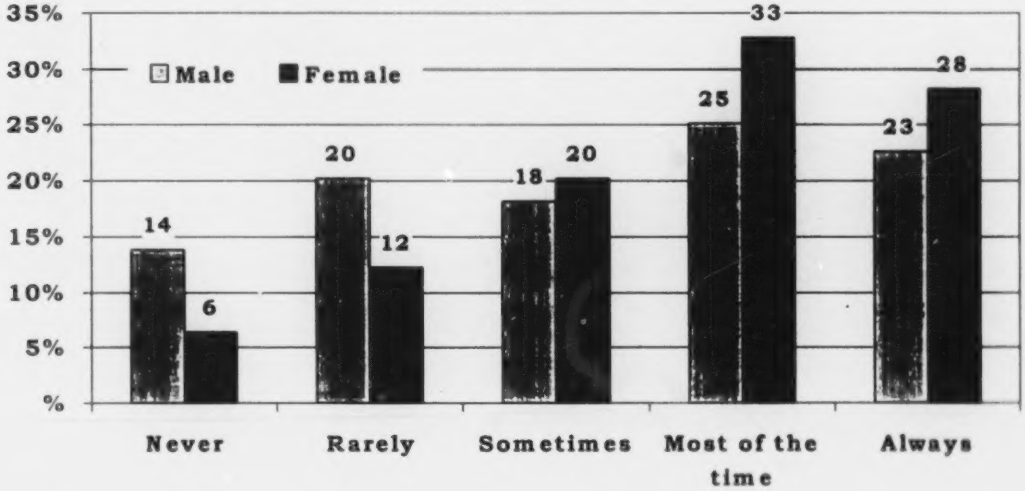
[2] Both of these differences were statistically significant at $p<0.01$ and had a Spearman's Correlation of approximately 0.10.

Figure 6 - Seat Belt Use by Gender

Percentage of all students by response category and gender



Grade Level

There were no statistical differences in the prevalence rates of students wearing motorcycle or bicycle helmets[3] or riding with a driver who had been drinking alcohol among the different grade levels[4]. However, there were significant differences in the percentage of students who reported that they had driven after drinking alcohol. The data demonstrate a steady increase in the prevalence of having driven after drinking alcohol at least once in the past 30 days between ninth and twelfth grade (see Figure 7). Only 10 percent of ninth graders reported this risk factor, while nearly one-quarter of seniors report the same activity.

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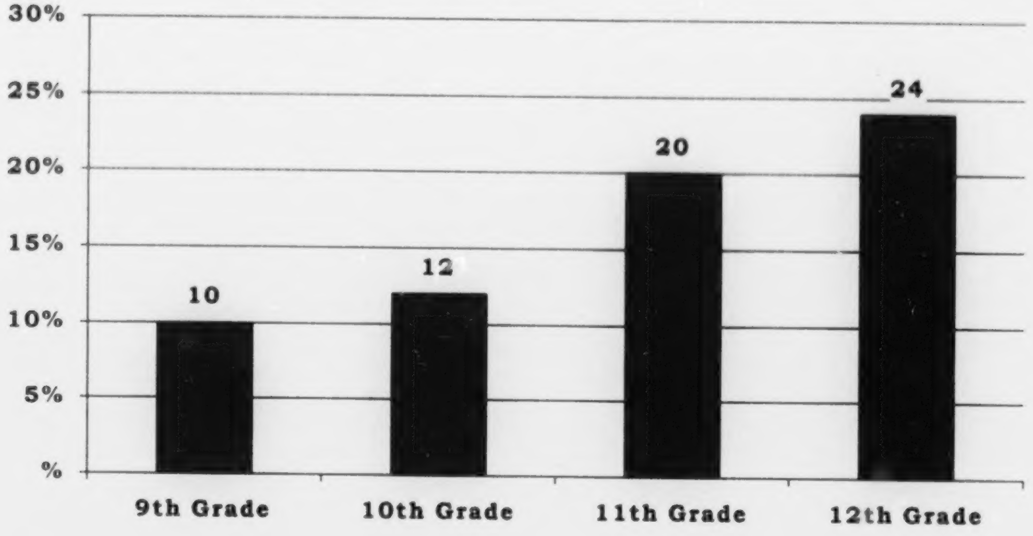
[3] Though there was a statistically significant difference between individual cells, there was no linear association between grade level and use of bicycle helmets.

[4] Unfortunately, there were inadequate numbers of students who rode motorcycles distributed in the various grades to determine any potential differences in helmet wearing.

Figure 7 - Drinking and Driving by Grade Level



Percentage of students who said that they had driven at least once in the past 30 days after drinking alcohol by grade level

WEAPONS AND VIOLENCE

Context

Concern has grown recently around juvenile violence and criminal activity. Analysis from the Wisconsin Statistical Analysis Center (Eversen, Brown, Bushweiler, Cottom & Grohmann, 1996) reveals that juvenile arrest rates have increased fairly steadily from 1986 through 1995 and are consistently higher than arrests for adults. While the vast majority of juvenile arrests are for non-Index Offenses[5], the percentage of Index Offense arrests among juveniles increased by 22.5 percent over the ten-year period. Arrests for violent offenses increased by 79.5 percent over the same period. Interestingly, most parents were not worried at all about their child committing a crime and nearly all were nearly certain that their child does not break the law (Bogenschneider, Tsay & Wu, 1996).

Approximately nine out of ten homicide victims in the United States are killed with a weapon such as a gun, knife, or club. Homicide is the second leading cause of death among adolescents and young adults in the United States (National Center for Health Statistics, 1990) and the leading killer of black adolescents and young adults (U.S. Department of Health and Human Services, 1990). In addition, fighting is the most important antecedent behavior for a great proportion of homicides among adolescents (U.S. Department of Health and Human Services, 1990).

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[5] Index Offenses are defined as the eight street crimes included in the FBI Uniform Crime Index: homicide, rape, robbery, aggravated assault, larceny, burglary, auto theft, and arson. Non-Index Offenses are defined as all other felonies and misdemeanors included in Wisconsin Penal Code but not included in the FBI Uniform Crime Index.

A series of questions were asked to determine students' risk of violence or accidental injury involving weapons. A set of questions asked how often students carry weapons and whether they carry weapons onto school property. A second set of questions asked about the effects of threats of violence to the school environment including the extent to which students had been involved in physical fights.

The Year 2000 Objectives have established several goals relating to weapons and violence:

- Reduce by 20 percent the incidence of weapon carrying by adolescents aged 14 to 17.
- Reduce by 20 percent the incidence of physical fighting among adolescents aged 14 to 17.

General Prevalence Rates

Fifteen percent of students reported carrying a weapon such as a gun, knife, or club in the past 30 days[6]. Nearly half of these or six percent of students said that they carried a gun in the past 30 days. A much lower percentage reported carrying a weapon on school property in the same time period. Of students who reported carrying a weapon, almost half claimed to carry a weapon for six or more of the past 30 days. Less than a quarter said that they had only carried a weapon on one of the past 30 days. This same pattern was also true for students carrying weapons on school property. However, this was less true of students who reported carrying a gun. Sixty percent of these students said that they had carried the gun on three or fewer days in the past 30.

Eight percent of students reported either being threatened or injured with a weapon on school property within the past 12 months (see Figure 8) and three percent said that they had stayed home at least one day in the past 12 months because they felt unsafe either going to school or while at school. Nearly half of those who had been threatened reported that this had occurred only once while slightly over a quarter reported that this had happened twice or three times. Over one-fifth of all students reported ever being sexually harassed[7] at school. Ten percent reported having been threatened or hurt because of their race. In general, over half of all students said that they "always" felt safe from physical harm at school, while an additional 45 percent said they "usually" felt safe (see Figure 9). Only three percent of students said that they did not feel safe at school. An even larger percentage of students said that they felt safe on their way to and from school. Nearly two-thirds said that they "always" felt safe and a third said that they "usually" felt safe. Again, about three percent reported feeling unsafe on their way to or from school.

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[6] The survey was conducted outside of any hunting season. Therefore students hunting could not explain reports of carrying weapons.

[7] Defined as "whatever that means to you".

Figure 8 - Threats

Percentage of all students who reported being threatened at least once in the past 12 months by type of threat

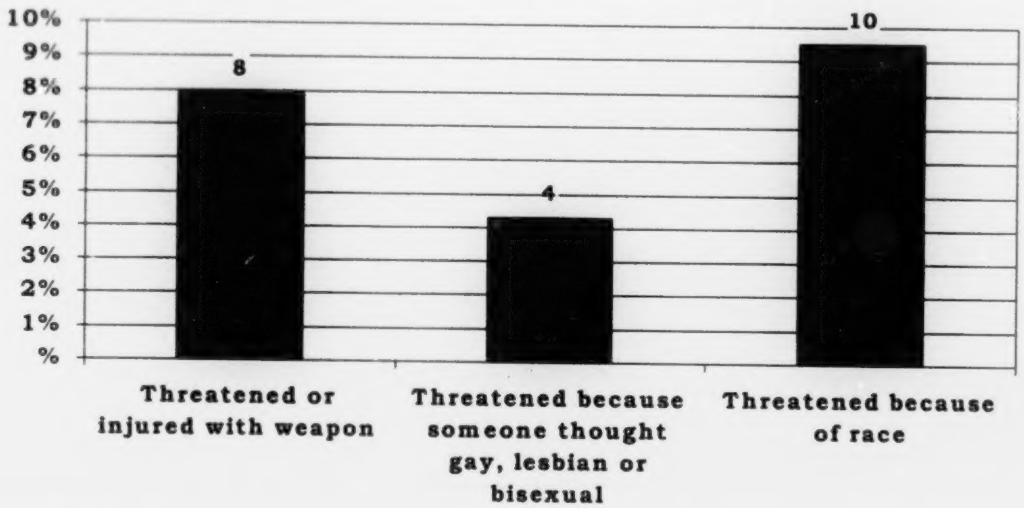
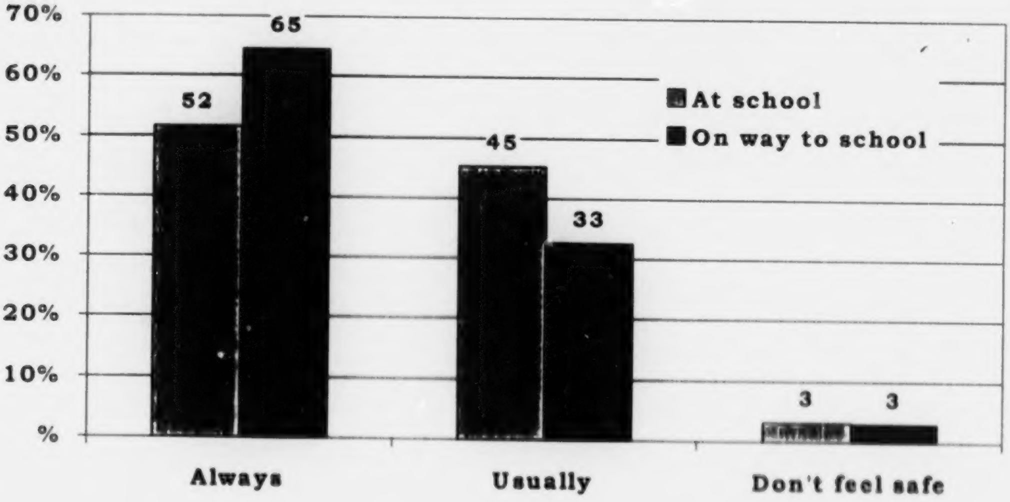


Figure 9 - Feeling Safe

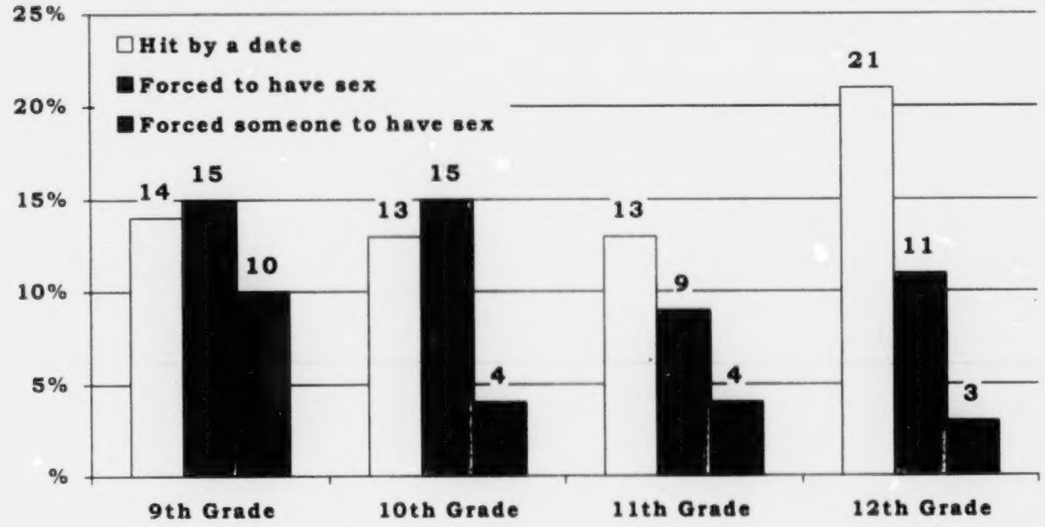


Percentage of all students by response categories to questions about feeling safe from physical harm at school or on the way to or from school

The YRBS also asked a series of questions related to sexual violence. Nearly one in seven reported having been hit, slapped, or threatened by a date and eight percent of students reported having been verbally or physically forced to have sex with someone (see Figure 10). Four percent of students reported having verbally or physically forced someone to have sex with them. Less than five percent of students reported having been threatened or hurt because someone thought they were gay, lesbian, or bisexual.

Figure 10 - Sexual Violence

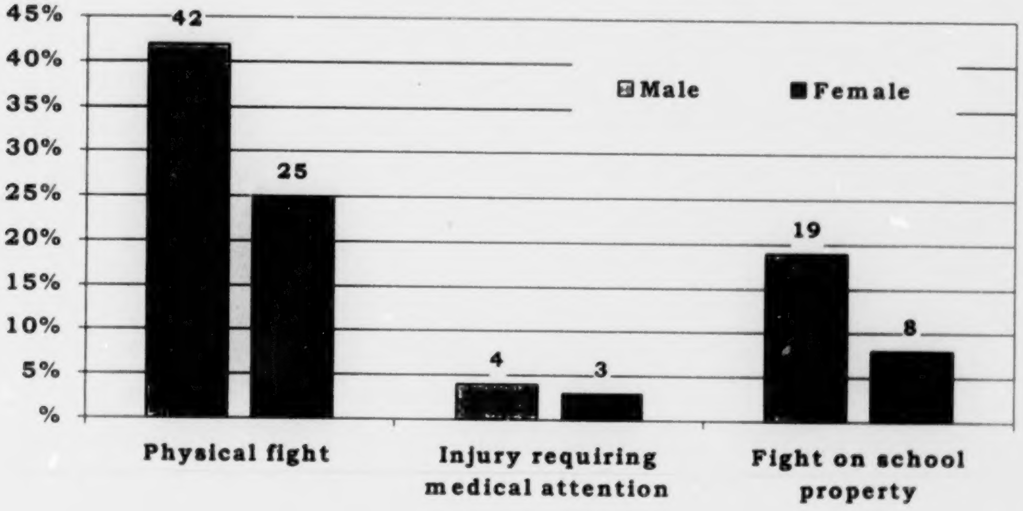
Percentage of students who had ever dated or who had ever had sex by type of sexual violence by grade level



Physical fights appear to be a fairly common phenomena among high school aged students, though most appear to involve only minor or no injury. About one-third said that they had been involved in a physical fight at least once in the past 12 months and four percent said that they had to be treated by a doctor or nurse after a fight (see Figure 11). Slightly less than half of the students who reported being involved in a fight had been involved in only one, while nearly a third said they had been in two or three fights. Less than half as many students reported being in a fight on school property. Students were even less likely to be involved in multiple fights on school property. Students were most likely to be involved in fights with friends or family members, accounting for nearly three-quarters of the most recent fights reported by students.

Figure 11 – Fighting by Gender

Percentage of all students who reported being involved in a physical fight at least once in the past 12 months by type of fight by gender



There were significant relationships between fighting, weapons, and feelings of safety. Students who said they always felt safe at school were less likely to have been involved in any fights in the past 12 months than students who "usually" felt safe or students who "didn't feel safe" at school. Similarly, students who "always" or "usually" felt safe were less likely to have carried a weapon in the past 30 days. A similar pattern is found between reports of feeling safe on the way to or from school and fighting and weapons carrying.

As might be expected, there were also significant relationships between threats and feelings of safety. Students who reported feeling "always" or "usually" safe at school were significantly less likely to have reported being threatened or injured with a weapon on school property in the past 12 months. Similarly, students who felt unsafe at school were more likely to have been hurt or threatened because someone thought they were gay, lesbian, or bisexual than students who "usually" or "always" felt safe and to have been threatened or hurt because of their race. Similar patterns were found between having been threatened or injured with a weapon in the past 12 months and having been threatened or hurt because of one's race and feeling safe on the way to or from school. Twenty-three percent of those who don't feel safe on the way to or from school reported having been threatened or hurt because someone thought they were gay, lesbian, or bisexual, compared to only four percent of those who "always" or "usually" felt safe.

Trends

The percentage of students carrying weapons decreased from 19 percent in 1993 to 15 percent in 1997. This drop appears to be due primarily to a decrease in male students' behaviors whose prevalence rates dropped from 32 to 25 percent. The percentage of female students carrying weapons remained constant at five percent. Likewise, the percentage of students carrying weapons on school property has decreased from nine to five percent. Again, this decrease seems largely due to decreases in the number of male students carrying weapons on school property, which decreased from 15 percent in 1993 to eight percent in 1997. The prevalence among female students remained constant at three percent. Similarly, the percentage of male students who reported carrying guns within the past 30 days decreased from 16 to 10 percent. Each of these changes between 1993 and 1997 achieve statistical significance.

Despite apparent reductions in the number of students carrying weapons and carrying weapons on school property, there appear to be no significant changes in the percentage of students who had been threatened or injured with a weapon on school property - eight percent in both 1993 and 1997. The percentage of students saying that they stayed home from school because they did not feel safe decreased from six to three percent between 1993 and 1997. Likewise, the percentage of students who reported being in a fight (either anywhere or on school property) decreased somewhat, but these differences do not appear to be meaningful. There are no significant differences in the number of students who received injuries requiring medical attention as the result of fighting.

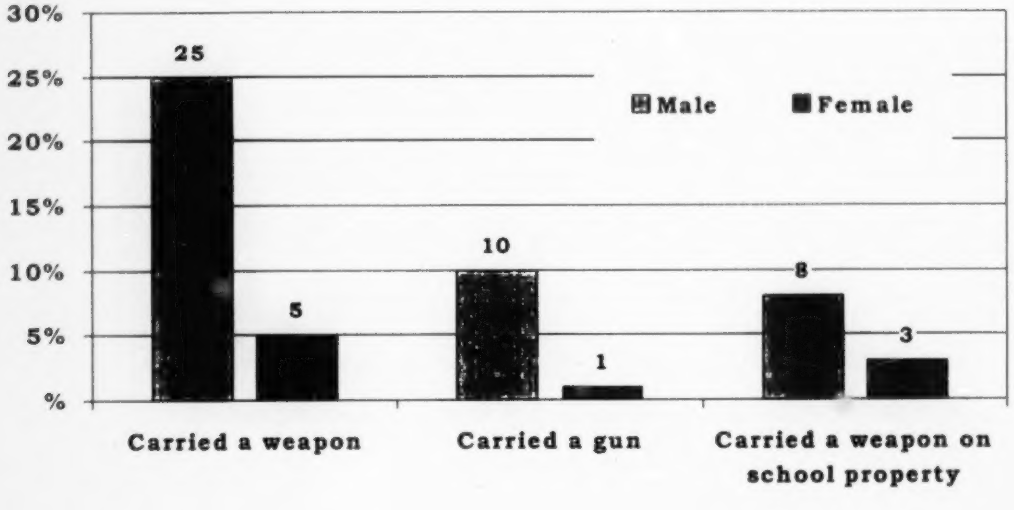
Comparisons by Demographic Groups

Gender

Male students had a significantly higher prevalence rate on nearly every measure of violence and weapon usage (see Figure 12). They were more likely to carry weapons both on school grounds and off, including guns. They were more likely to have been involved in a fight in the past 12 months both on school grounds and off, though they were no more likely to have needed medical treatment as the result of a fight.

Figure 12 - Weapons Carrying by Gender

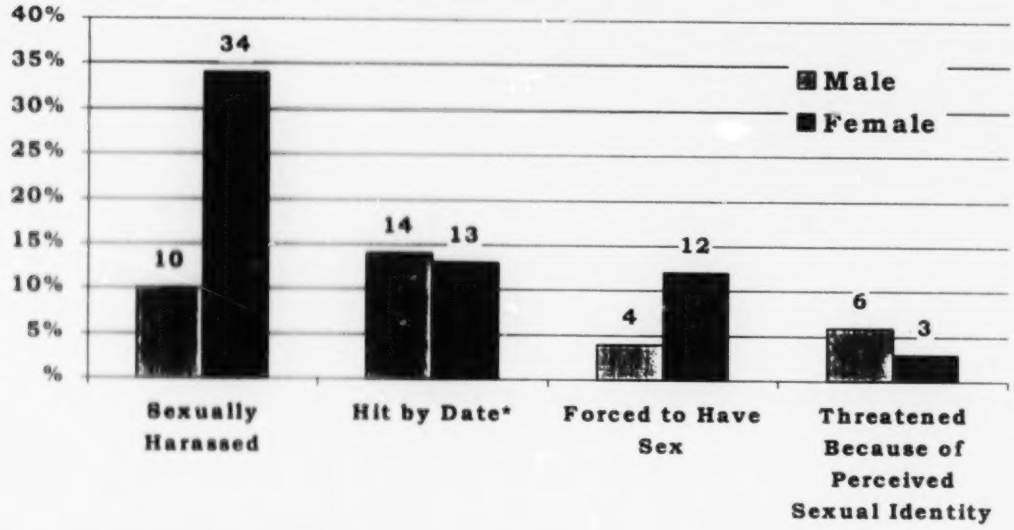
Percentage of all students who carried a weapon at least once in the past 12 months by type of weapon by gender



Over a third of female students reported having been sexually harassed at school compared to only ten percent of male students (see Figure 13). Female students were also more likely than male students to report having been verbally or physically forced to have sex. Male students were somewhat more likely to have reported ever verbally or physically forcing someone to have sex. There was no difference in the percentage of male and female students reporting being hit, slapped, or kicked by their dates. Male students were twice as likely as female students to report that they had been threatened or hurt because someone thought they were gay, lesbian, or bisexual.

Figure 13 – Sexual Violence by Gender

Percentage of students by type of sexual violence by gender



Note 1: Percentage of all students

Note 2: Percentage of students who had ever dated

Note 3: Percentage of students who had ever had sex

There were also important differences with whom male and female students reported fighting most recently. Nearly half of female students who reported ever having fought, reported fighting with a family member. For male students, this only accounted for about one-seventh of their most recent fights. Nearly half of male students, on the other hand, reported fighting with a friend or someone they knew compared to less than a third for female students.

Male and female students were similar, though, on a few measures. Nearly identical numbers of male and female students reported staying home from school at least once because they felt unsafe. Similarly, though a slightly higher percentage of male students claim that they were threatened with or injured by a weapon on school grounds than female students, this difference did not achieve statistical significance. There was no significant difference in the percentage of male and female students who said they felt unsafe either at school or on their way to and from school.

Grade

Analysis by grade level is perhaps as interesting for the similarities it discovers, as well as for a few key differences. Prevalence rates for carrying weapons (including both on and off school grounds, and for carrying guns) are nearly identical across all high school grades, as are reported rates of being threatened or injured with a weapon or staying home because of feeling unsafe. There are two significant differences, though, with regard to feelings of safety. As grade level increases, so do feelings of being physically safe at school and on the way to school. For example, the percentage of students who reported "always" feeling safe at school increased from 43 percent in ninth grade to 65 percent in twelfth grade. Similarly, the percentage who reported "always" feeling safe on their way to and from school increased from 56 percent in ninth grade to 78 percent in twelfth grade. Though there were significant differences between various grade levels in the percentage of students reporting that they were threatened or hurt because of their race, there is no clear tendency for this percentage to decrease with grade level.

When analysis of sexual violence is limited to students who have either dated or had sex[8], several clear, but contradictory trends become evident. The percentage of students who report ever having been hit, slapped, or kicked by a date increases in the twelfth grade level. While slightly less than 15 percent of ninth, tenth, and eleventh graders who have dated report this occurring, 21 percent of seniors who have dated report the same thing. A similar analysis of reports of having verbally or physically forced someone to have sex finds the reverse pattern. While ten percent of ninth graders who have ever had sex reported ever verbally or physically forcing someone to have sex, only three percent of seniors reported the same thing. The same pattern is true for reports of having been verbally or physically forced to have sex. The percentage of students who reported having been threatened or hurt because someone thought they were gay, lesbian, or bisexual decreases with grade level.

There is also a significant statistical difference in the percentage of ninth, tenth, eleventh or twelfth graders who were involved in a fight (both on and off school property) with the percentage slowly dropping as grade level increases. The percentage requiring medical attention as the result of fighting, though, does not vary significantly across the grades. Especially among male students, involvement in physical fights appears to peak in ninth grade and slowly taper off through twelfth grade, especially on school property.

SUICIDE

Context

Teenage depression and suicide are areas of continuing concern for health professionals. Suicide was the second most common cause of death among 15 to 24 year-olds in Wisconsin in 1995, accounting for 106 deaths. Thirty-nine of these deaths occurred among 15 to 19 year-olds (Center for Health Statistics, 1996b). Nationally, the suicide rate for persons aged 15 to 24 has tripled since 1950 (U.S. Department of Health and Human Services, 1990).

The YRBS asked questions about whether students had seriously considered or attempted suicide in the past 12 months, and, if they had attempted suicide, whether those attempts resulted in injuries that required treatment by a doctor or nurse.

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[8] As grade level increases, the percentage of students who reported never dating and never having had sex decreases significantly.

The Year 2000 Objectives have established one goal concerning teen suicide:

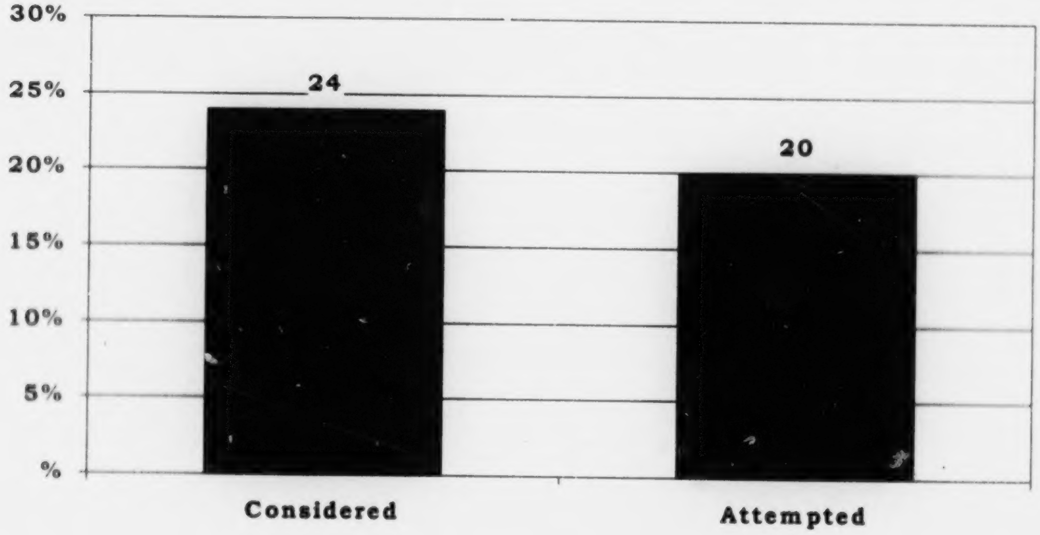
- Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 to 19.

General Prevalence Rates

Nearly a quarter of all high school students reported seriously considering suicide in the past twelve months, while one-fifth reported actually attempting suicide in the same period (see Figure 14). About one-fifth of students who attempted suicide (or four percent of all students) reported that their attempt resulted in an injury that required medical attention. These percentages are similar to the rates found in the Teen Assessment Project (TAP) surveys (as reported in Bogenschneider, et al., 1996). TAP found that a quarter of Wisconsin seventh through twelfth graders reported having thought about killing themselves in the past month and that nearly as many had made plans to commit suicide. One in eight reported actually attempting suicide. Interestingly, most parents do not worry at all about their child considering suicide (Ibid.).

Figure 14 - Suicide

Percentage of all students who had seriously considered committing suicide or attempted suicide in the past 12 months



Trends

The percentage of students who reported seriously considering suicide remained relatively constant between 1993 and 1997. About a quarter of all students in 1997 said they had seriously considered suicide compared to 27 percent of students sampled in 1993 (see Figure 15). However, information about reported attempts at suicide and their results provide significant and contradictory evidence. The percentage of students who reported attempting suicide in the past year increased significantly from nine percent in 1993 to 20 percent in 1997. At the same time, the percentage of those attempts that required medical attention decreased from 30 percent in 1993 to 20 percent in 1997 (see Figure 16).

Figure 15 - Changes in Suicidal Behaviors: 1993-1997

Percentage of students who had seriously considered committing suicide, or attempted suicide in the past 12 months by year of study

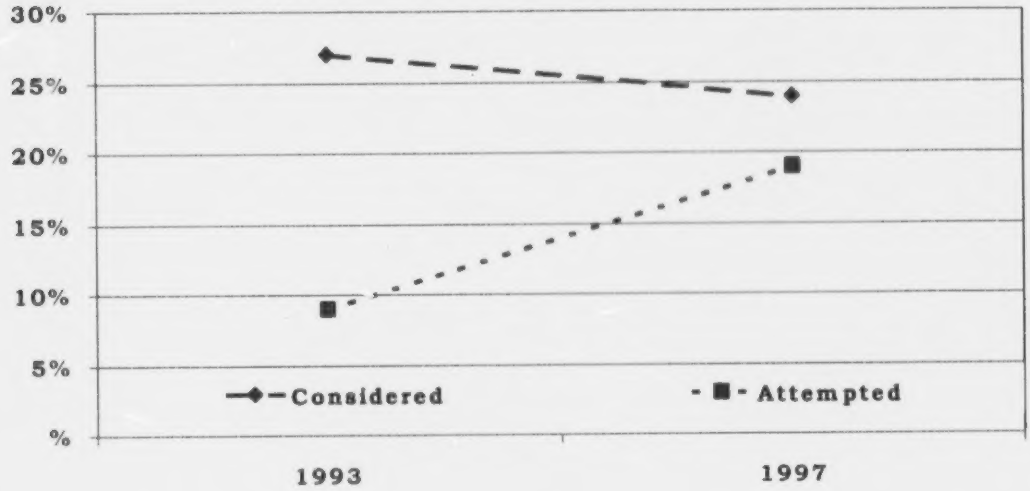
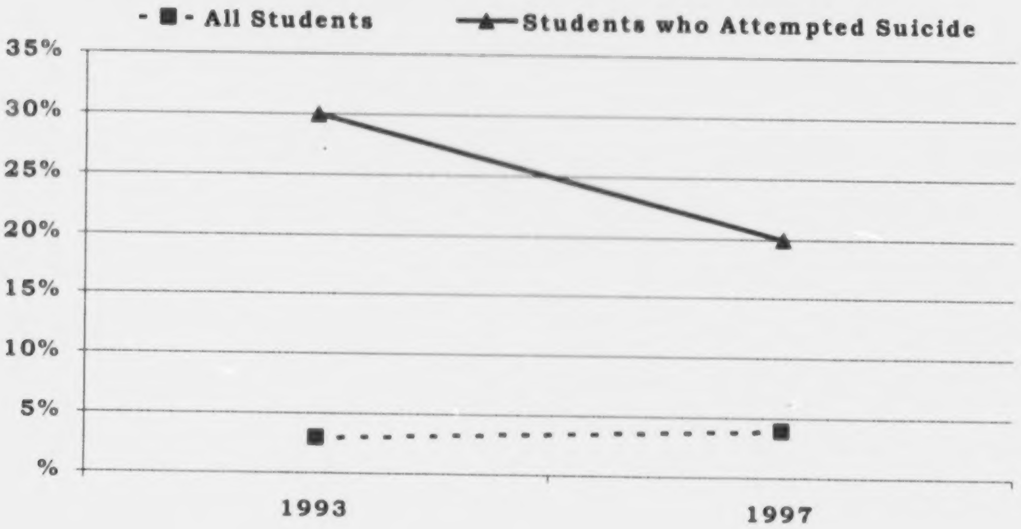


Figure 16 - Changes in Injuries as a Result of Suicide Attempts: 1993-1997

Percentage of students who received injuries as the result of a suicide attempt that required medical attention in the past 12 months by year of study



Comparisons by Demographic Groups

Gender

A higher percentage of female students reported seriously considering suicide than male students. This difference was statistically significant. However, the percentage of students who reported that they had actually attempted suicide did not vary significantly by gender, nor did the percentage of attempted suicides that resulted in an injury requiring medical attention.

Grade

Though the percentage of students who seriously considered suicide appears to be lower for seniors than for any other grade level (e.g. 17 percent of twelfth graders reported considering suicide compared to 27 percent of tenth graders), these differences are not linear. Rates of contemplating suicide seem to be greatest among tenth graders, while the percentage of students who reported suicide attempts are nearly identical for ninth and tenth graders and lower for eleventh and twelfth graders. A similar trend could also be seen in the likelihood of students attempting suicide. Twenty-two percent of ninth graders compared to only fifteen percent of twelfth graders reported attempting suicide. Correspondingly, the likelihood of a suicide attempt requiring medical attention also decreases with grade level, though this trend is not statistically significant.

TOBACCO

Context

Tobacco use is the single most important preventable cause of death in the United States, accounting for one out of every six deaths. Smoking is a major risk factor for heart disease, chronic bronchitis, emphysema, and cancers of the lung, larynx, pharynx, mouth, esophagus, pancreas, and bladder. Many efforts have been made to target teens and young adults to inform them about the dangers of smoking and to keep them from starting. Similarly, new laws have been passed to make it harder for teens to get tobacco products. Yet, despite these efforts, considerable numbers of teens still smoke or use tobacco.

The YRBS asked a series of questions about teen tobacco use, including whether students smoke, when they started and how much they smoke. The survey also asks students about the difficulties that they faced purchasing tobacco products and whether they used chewing tobacco or snuff.

The Year 2000 Objectives have established two goals relating to teen smoking:

- Increase by at least one year the average age of first use of cigarettes.
- Reduce the initiation of cigarette smoking by children and youths so that no more than 15 percent have become regular cigarette smokers by age 20.

General Prevalence Rates

Just under half of all students reported never smoking a whole cigarette in their life (see Figure 17). Of those who had ever smoked a cigarette, over half had their first cigarette between the ages of 11 and 14. Slightly over one-third of students reported smoking at least one cigarette in the past 30 days. Interestingly, a recent study of high school parents found that nearly nine out of ten thought it was unlikely that their child smokes cigarettes (Bogenschneider, et al., 1996). By comparison, the 1996 BRFS classified 25 percent of adults as "current" smokers[9] (Center for Health Statistics, 1997). Four out of ten students who reported smoking at all in the past 30 days (or 16 percent of all students), said that they had smoked every day (see Figure 18). This compares to slightly over two-fifths of the adult Wisconsin population who were classified as current smokers in the 1995 BRFS. Of those that smoked at all in the past 30 days, two-thirds (or 23 percent of all students) said that they smoked five or fewer cigarettes per day[10] (see Figure 19). About one-sixth (or seven percent of all students) smoked more than a half pack of cigarettes per day. Seventeen percent reported smoking on school property at least once in the past 30 days. Over a half of students who reported ever having smoked a whole cigarette said that they had tried to quit smoking. Likewise, slightly over half of students who reported having smoked on at least one day in the past 30 said that they had tried to quit smoking.

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[9] Defined as those who have smoked more than 100 cigarettes in their lifetime who said they currently smoke. Care should be taken because questions from the two surveys do no match exactly.

[10] On the days when they smoked.

Figure 17 - Age of Smoking Initiation

Percentage of all students by the age at which they smoked their first whole cigarette

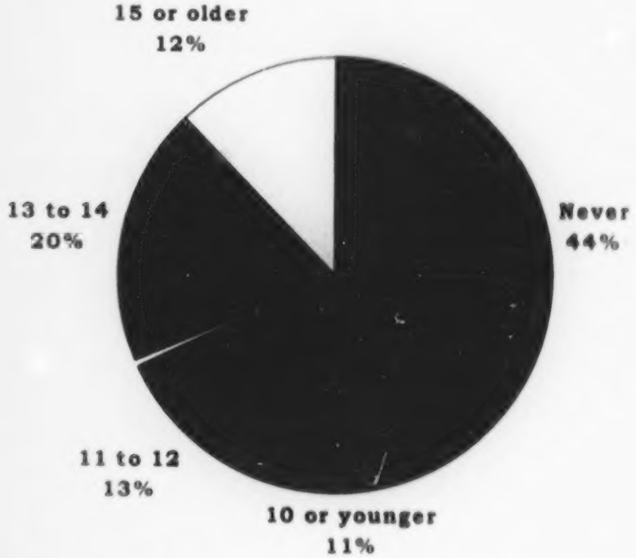


Figure 18 - Smoking Frequency

Percentage of all students by the number of days in the past 30 on which they smoked

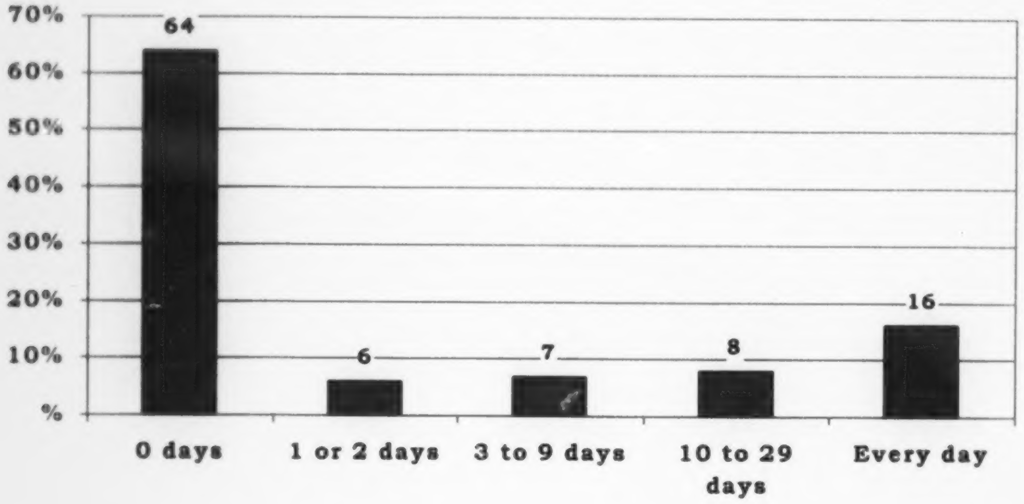
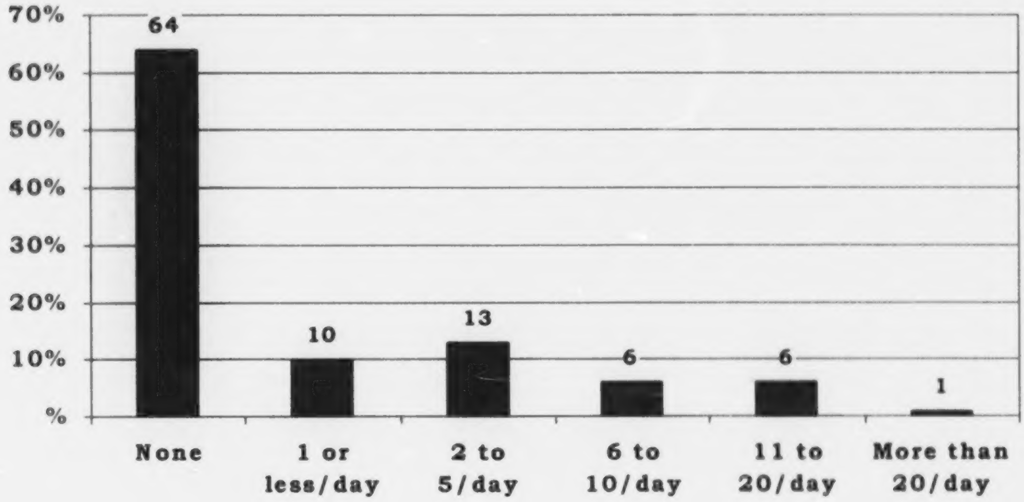


Figure 19 - Smoking Volume

Percentage of all students by the number of cigarettes they smoked on the days when they smoked in the past 30



Despite legislation making it illegal for people under 18 to purchase cigarettes, most students who smoked either bought their own cigarettes at a store or gas station, had someone else buy them, or borrowed them. Combined, these methods accounted for over four-fifths of students' cigarettes. Less than half of the students who bought cigarettes in a store said they were asked for proof of age. Very few students (around one percent) bought cigarettes from vending machines.

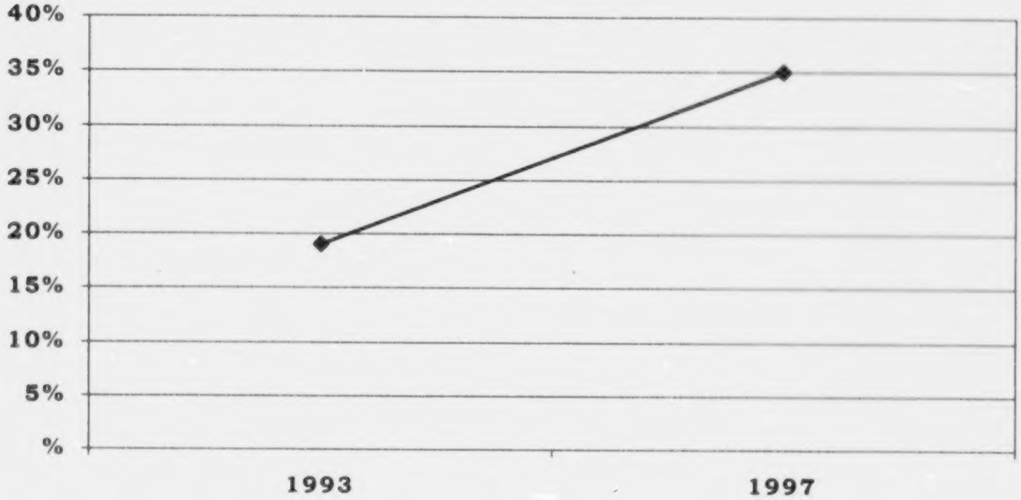
Eleven percent of all students used chewing tobacco or snuff in the past 30 days. Of these, half used chewing tobacco or snuff on five or fewer days during the past 30. Less than 15 percent of chewing tobacco or snuff users reported using it every day in the past 30 days.

Trends

There is no statistically significant difference between 1993 and 1997 in the likelihood that students ever smoked a whole cigarette in their lives or the age at which young people smoked their first cigarette. Likewise, there are no significant differences in the likelihood that students smoked at all in the past 30 days, the number of days in the past 30 that they smoked, nor the number of cigarettes they smoked on the days when they smoked. There was, however, a large and significant increase in the number of students who had ever smoked who said that they had tried to quit smoking, from 19 to 35 percent (see Figure 20). There were no differences in the percentage of students who had used chewing tobacco or snuff in the past 30 days.

Figure 20 - Change in Attempts to Quit Smoking: 1993 - 1997

Percentage of students who reported ever smoking at least one whole cigarette in their lives who said that they had ever tried to quit smoking by year of study



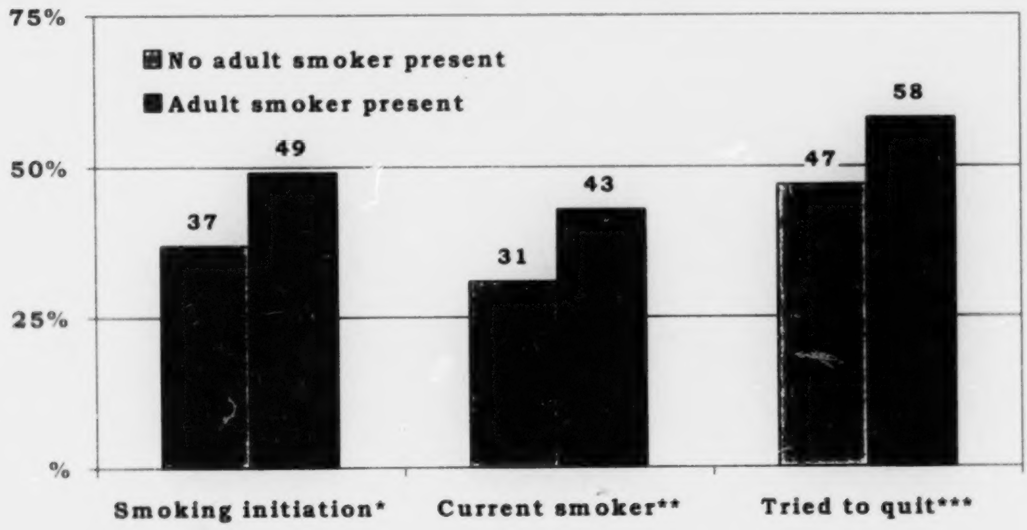
Comparisons by Demographic Groups

Adult smokers in the house

Four out of ten students reported that at least one adult member of the household smoked. There were no significant differences in the presence of adult smokers in the household by gender of student or grade level.

Having an adult smoker in the household significantly affected nearly every measure of tobacco use among high school students (see Figure 21). Students with an adult smoker in the house were more likely to have had their first cigarette at an earlier age, to have smoked at all in the past 30 days and to have smoked on more days in the past 30 than students without a smoker present. They were also more likely to have reported smoking more cigarettes on the days when they smoked and to have smoked on school property more often. Interestingly, even when the analysis is limited to students who have ever smoked a cigarette in their lives, students from homes with an adult smoker present are significantly more likely to have reported ever having tried to quit smoking than students from a home without smokers. There were, however, no significant differences in the percentage who said they had used chewing tobacco or snuff in the past 30 days or in the way students reported getting their cigarettes between these two groups of students.

Figure 21 - Effects of an Adult Smoker in the Home



Note 1: Percentage of all students who reported smoking their first whole cigarette before the age of 13

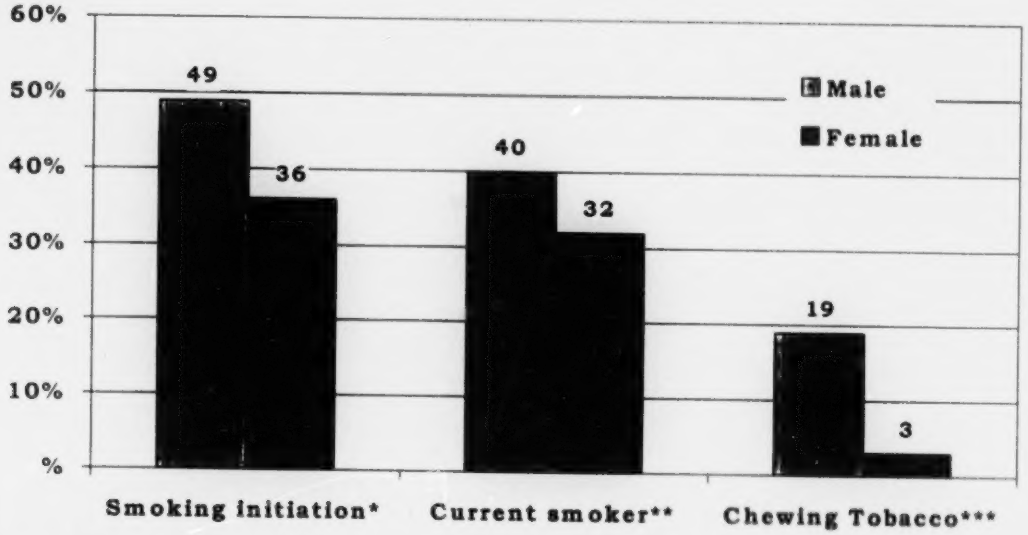
Note 2: Percentage of all students who reported smoking on at least one day in the past 30

Note 3: Percentage of students who had ever smoked a whole cigarette who reported ever trying to quit smoking

Gender

Though declining, there are still significant differences in reported smoking and tobacco use by gender (see Figure 22). Nearly half of female students reported never having smoked a whole cigarette compared to only 41 percent of male students. Male students were also more likely to report having their first cigarette at a younger age than female students. Nearly a third of male students reported smoking their first cigarette before the age of 11 compared to less than one-sixth of female students. The majority of both male and female students reported smoking their first cigarette between the ages of 11 and 14.

Figure 22 – Tobacco Use by Gender



Note 1: Percentage of all students who reported smoking their first whole cigarette before the age of 13

Note 2: Percentage of all students who reported smoking on at least one day in the past 30

Note 3: Percentage of all students who reported ever trying snuff or chewing tobacco

Similar differences are also found in the percentage of current smokers. Forty percent of male students said that they had smoked at least one cigarette in the past 30 days compared to only 32 percent of female students, though this difference did not achieve statistical significance. Male students were also more likely to have smoked on school property in the past 30 days. Male students who smoked also smoked more regularly, with nearly half of those who reported smoking at least one cigarette in the past 30 days claiming to smoke everyday, compared to about a third of female students. Overall, 19 percent of male students smoked on each of the past 30 days compared to only 11 percent of female students. Over one-fifth of male students who smoked reported smoking half a pack or more of cigarettes on the days they smoked, compared to about an eighth of female student smokers. Male and female students were equally likely to report having tried to quit smoking. However, when the analysis is limited to only those students who reported smoking at least one whole cigarette, female students are more likely to report having tried to quit.

As might be expected, differences between male and female students in using chewing tobacco and snuff are even greater than those for smoking. Nearly one-fifth of male students reported using loose tobacco compared to only three percent of female students. Furthermore, nearly all female students who reported any use reported using loose tobacco on only one or two days in the past 30 while less than a third of male students claim this. Almost a fifth of male students who used any loose tobacco in the past 30 days said they used it every day.

Grade

As might be expected, smoking prevalence rates vary significantly by grade level. The percentage of students who have never smoked a whole cigarette steadily decreases from a high of 48 percent among ninth graders to a low of 37 percent among seniors. Similarly, the percentage that reported smoking in the past 30 days increases from 31 percent among ninth graders to 40 percent among seniors. Students in the upper grades are more likely to smoke every day and less likely to only smoke on five or fewer days per month. Upper class students are also more likely to smoke more on the days they smoke. Surprisingly, though, the percentage of students who claimed to have tried to stop smoking decreases with grade level, from 39 percent in ninth grade to 31 percent in twelfth grade. These differences are not statistically significant. This pattern persists if the analysis is limited to students who have ever smoked a whole cigarette and the differences become statistically significant.

Though there does not appear to be a significant trend for smoking on school property to increase with grade level, eleventh grade male students are significantly more likely to smoke at school than any other group.

Students in ninth and tenth grade are most likely to get their cigarettes by having someone else buy them for them or by borrowing them. In eleventh grade, the percentage of students buying their own cigarettes in a store or gas station increases significantly, from four percent in tenth grade, to 15 percent in eleventh, and again to 30 percent in twelfth. Correspondingly, twelfth graders are much less likely to get their cigarettes by having someone else buy them or borrowing them. Oddly, the chance that a student buying cigarettes in a store will be asked for proof of age significantly increases with age. Only 16 percent of ninth graders reported being asked for proof compared to over two-thirds of seniors.

Though the percentage of female students claiming to have used chewing tobacco or snuff in the past 30 days is relatively constant over the four grade levels, the percentage increases from ninth to twelfth grade for male students[11]. This trend does not achieve statistical significance[12].

ALCOHOL AND OTHER DRUGS

Context

Many recent efforts have attempted to reduce rates of alcohol and other drug use among teens. Wisconsin parents have a tradition of accepting some level of teen drinking, but are concerned about rates of binge drinking, and drinking and driving (Pawlisch, Holloway, Thompson & Fernan, 1993). Crashes that occur as a result of driving while under the influence are a major factor in unintentional injuries (Center for Health Statistics, 1996b). However, a recent study by the UW – Extension found that eight out of ten parents still believe that it is unlikely that their child drinks with friends (Bogenschneider, et al., 1996). There is also widespread concern about the use of illegal drugs such as marijuana.

A report by the Wisconsin Statistical Analysis Center (Eversen, et al., 1996) noted that juvenile arrests for drug offenses has steadily increased since 1990 and accounted for 22 percent of all drug violation arrests in 1995. The 2,809 juvenile arrests for the possession of marijuana "outnumbers all other juvenile drug arrests combined." The juvenile arrest rate for liquor law violations was 835 per 100,000, five times higher than the national rate of 168 per 100,000.

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[11] Thirteen percent for ninth grade males compared to 25 percent among male seniors.

[12] This may be due to the limited number of observations in each field at this level of analysis.

The Year 2000 Objectives have established several goals relevant to teen alcohol and drug use:

- Increase by at least one year the average age of first use of alcohol and marijuana by adolescents aged 12 to 17.
- Reduce the proportion of young people who have used alcohol in the past month to 12.6 percent of youth aged 12 to 17.
- Reduce the proportion of high school seniors engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28 percent of high school seniors.
- Reduce the proportion of young people who have used marijuana in the past month to 3.2 percent of youth aged 12 to 17.
- Reduce the proportion of young people who have used cocaine in the past month to 0.6 percent of youth aged 12 to 17.

General Prevalence Rates

Only 23 percent of students said they had never had a drink of alcohol[13] (see Figure 23). Over a quarter report having had their first drink of alcohol before the age of 13. The average age of having a first alcoholic beverage for those students who reported having had at least one drink was approximately 13[14]. Half of all students reported having had at least one alcoholic beverage in the past 30 days and nearly a third reported having had five or more drinks at one time in the same time period (see

Figure 24). For comparison, the 1995 BRFS found a nearly identical percentage of Wisconsin adults had had at least one alcoholic beverage in the past month, but only about a fifth had had five or more at one time. For most students, drinking is an occasional event. Among those who had had any drinks in the past 30 days, over two-thirds reported drinking on five or fewer days. However, when students drink, they are likely to drink heavily. Two-thirds of students who had drunk at all in the past month drank five or more alcoholic beverages on at least one occasion (see Figure 25). Nearly a third drank five or more drinks on three to nine days and over ten percent said that they had had five or more drinks on ten or more of the past 30 days. Very few students reported drinking any alcoholic beverages on school grounds.

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[13] A "drink" was defined to exclude having "a few sips" of alcohol.

[14] This was calculated by converting the categorical responses used in the survey into numeric equivalents. As a result, this should only be considered a rough approximation to use for comparative purposes.

Figure 23 - Age of First Drink

Percentage of all students by the age at which they had their first drink of alcohol more than just a few sips

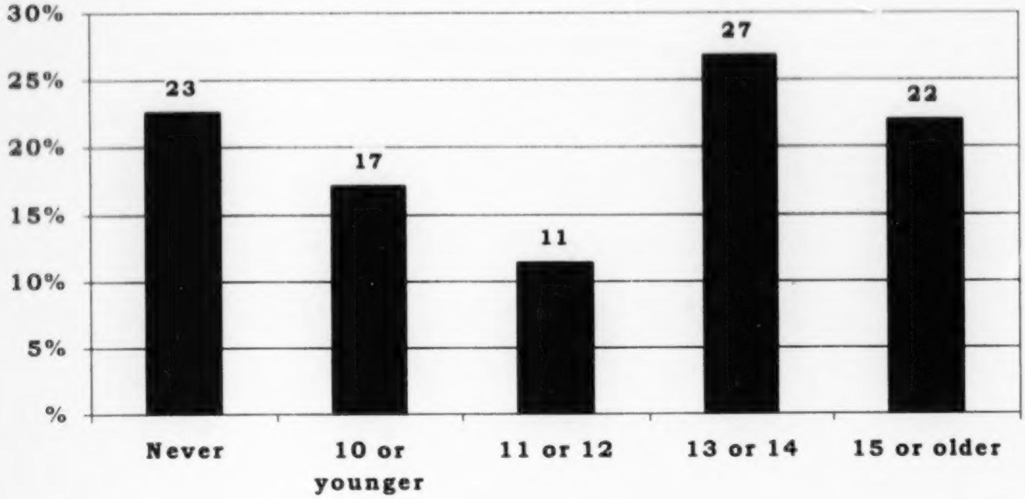


Figure 24 - Recent Drinking

The percentage of all students who reported drinking on at least one day in the past 30 and the percentage who reported having five or more drinks at one time at least once in the past 30 days

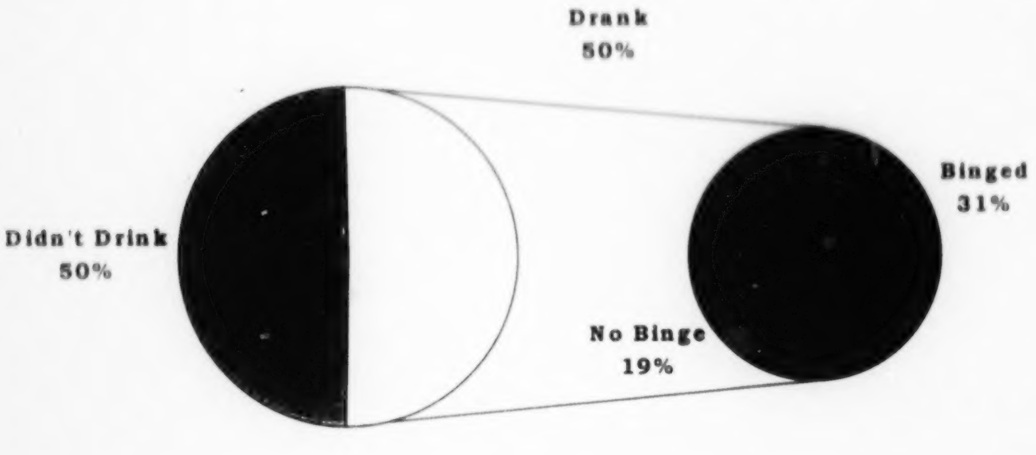
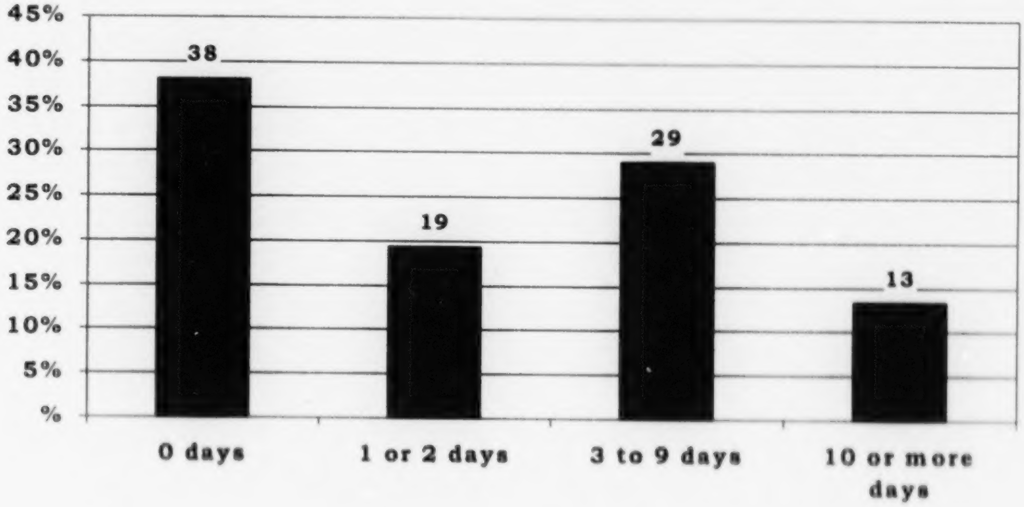


Figure 25 - Binge Drinking Frequency among Current Drinkers

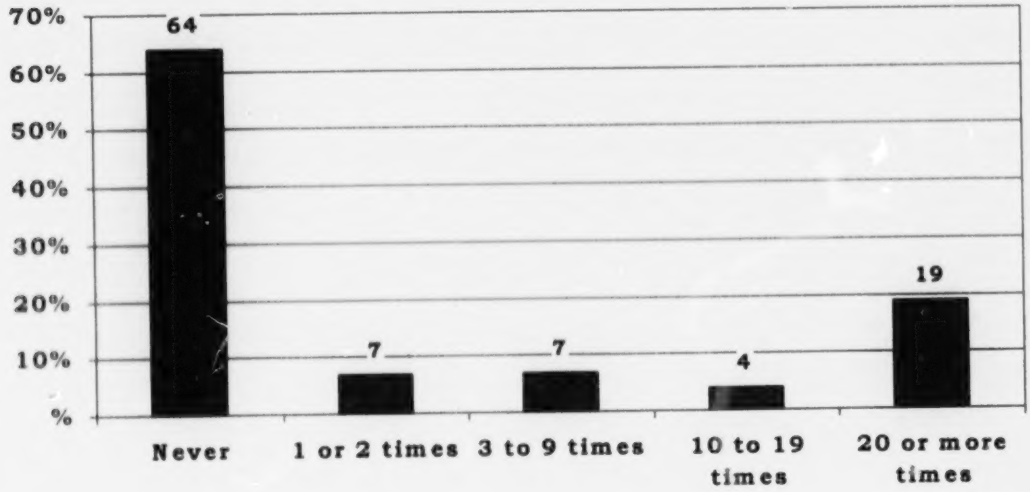
Percentage of students by the number of days on which they had five or more drinks at one time in the past 30 days for those who drank on at least one day in the past 30



About a third of students said that they had ever tried marijuana (see Figure 26). At the same time, nearly all of the parents surveyed in the TIP survey said that it was unlikely that their child used marijuana or other drugs (Bogenschneider, et al., 1996). Nearly three-quarters of those who had ever used marijuana tried it for the first time between the ages of 13 and 16. One-fifth of students who have ever tried marijuana have only used it once or twice, while half have used it 20 or more times. One-fifth of all students reported using marijuana at least once in the past 30 days. Of those who used any marijuana in the past 30 days, a third said that they had only used it one or two times, but a quarter claimed to have used it 20 or more times. The percentage of marijuana users who said that they used marijuana on school property in the past 30 days is greater than the number who claimed to have had a drink of alcohol on school grounds in the same time period. About a third of all students said that someone offered, sold, or gave them illegal drugs on school property in the past 12 months.

Figure 26 - Lifetime Marijuana Use

Percentage of all students by the number of times in their life they have used marijuana



Seven percent of students said that they had tried at least one form[15] of cocaine and three percent had used cocaine in the past 30 days. Four percent said that they had used cocaine in either crack or freebase forms.

Sixteen percent said that they had used an inhalant[16] to get high at least once in their life (see Figure 27). Half of the students who had ever used inhalants only used them once or twice and another quarter said that they had used them between three and nine times. Four percent of students reported taking steroids without a doctor's prescription. Only two percent reported ever using a needle to inject an illegal drug into their body. Eleven percent of students reported using LSD at least once in their life.

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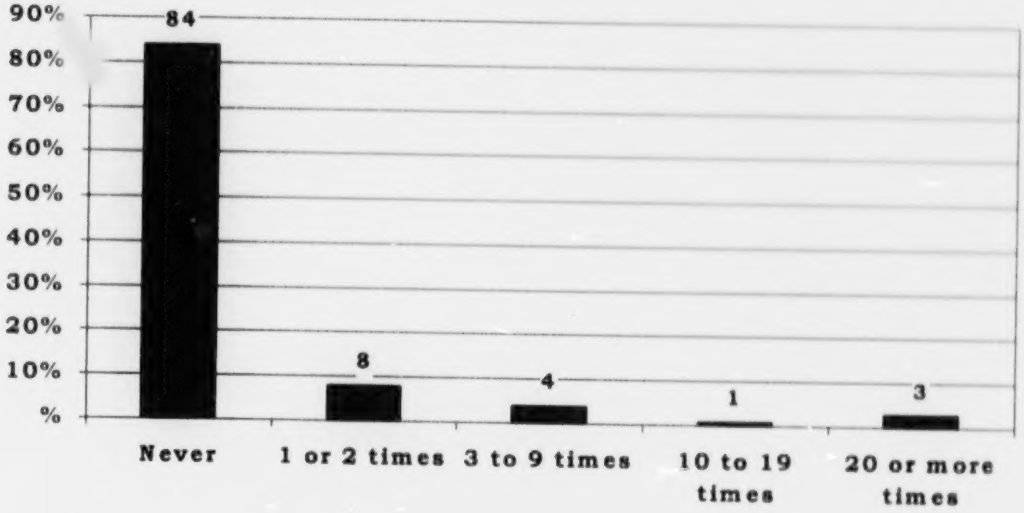
[15] Including powder, crack, or freebase.

[16] Including sniffing glue, the contents of aerosol spray cans, or paint.

Figure 27 - Lifetime Inhalant Use

Percentage of all students by the number of times in their life they have used an inhalant to get high



Trends

There were no significant differences between students in the 1993 and 1997 samples with regard to any of the measures of alcohol use. Though there was no significant difference in the age of first use, students in 1997 were significantly more likely to have used marijuana than students in 1993 (see Figure 28). There was also a significant increase in the number of times students reported having used marijuana in their life (with the percentage of students who reported using marijuana 10 or more times increasing from 11 to 22 percent) and the percentage who reported having used it in the past 30 days (from 11 to 21 percent). Conversely, though there was no significant change in the percentage of students who reported having ever used any form of cocaine, students in 1997 were significantly more likely to have used cocaine for the first time at older ages. There were no significant differences, though, in the percentage of students who reported using cocaine in the past month or in the number of times during their life students used cocaine. There were no differences in the use of inhalants or unprescribed steroids[17]. Students in 1997 were statistically more likely to have had someone offer, sell, or give them illegal drugs at school than students in 1993 (from 20 to 28 percent).

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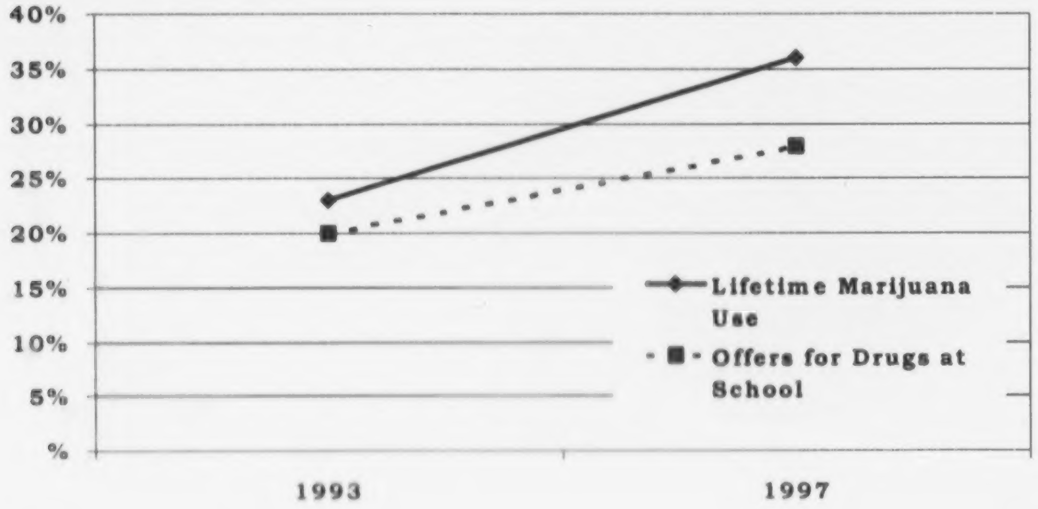
[17] Because of differences in the wording of questions between 1993 and 1997, no comparison of LSD use is possible. In addition, though students appeared somewhat more likely to report having injected an illegal drug into their body, the extremely low prevalence rate makes any comparison ill advised.

Figure 28 - Change in Marijuana Use and Drug Availability: 1993-1997

Percentage of all students who had ever used marijuana in their lives or who had had someone offer, give, or sell them drugs on school property in the past 12 months by year of study



Comparisons by Demographic Groups

Gender

There were many significant differences between male and female students in drug and alcohol usage. Female students were somewhat more likely to report never having had a drink than male students. Female students are also slightly more likely to have their first drink of alcohol at an older age, though 13 or 14 is the most common age to start drinking for both male and female students. There is no difference by gender in the number of occasional student drinkers[18], but male students are more likely to be frequent drinkers[19] while female students are more likely to have abstained (see Figure 29). Fifty-four percent of female students reported having no alcoholic beverages in the past 30 days, compared to only 45 percent of male students. Conversely, 21 percent of male students reported having had a drink on six or more days, compared to only 12 percent of female students.

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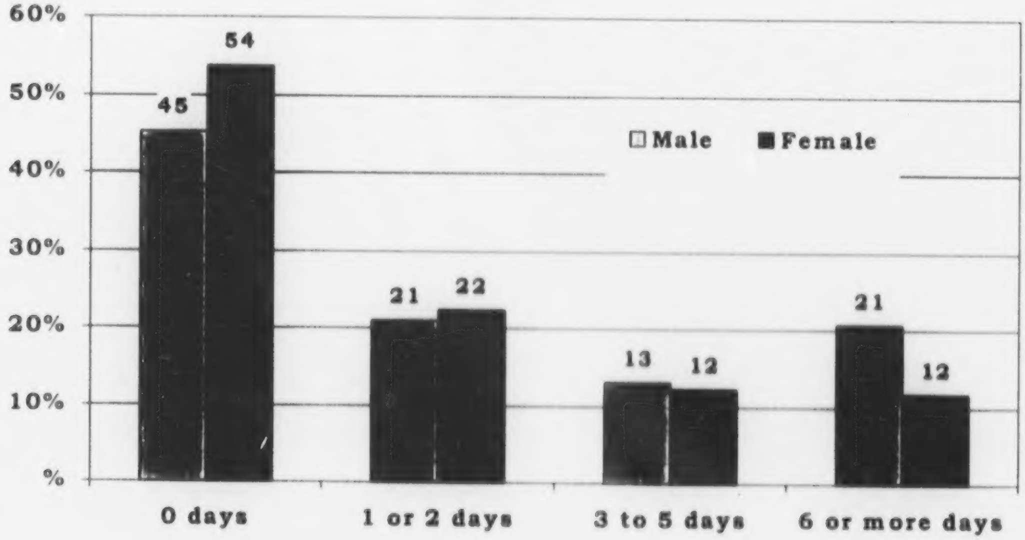
[18] Defined here as students having an alcoholic beverage on one to five days in the past 30 days.

[19] Defined here as students having an alcoholic beverage on six or more of the past 30 days.

Figure 29 - Frequency of Drinking by Gender

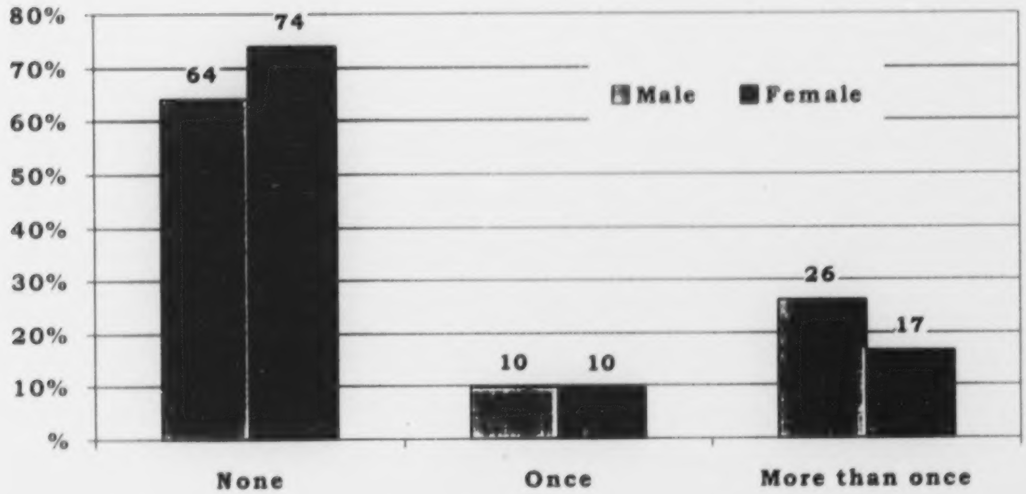
Percentage of all students by the number of days in the past 30 on which they drank alcohol by gender



A similar pattern is found for binge drinking (see Figure 30). Female students were somewhat more likely to report not having had five or more drinks at one time in the past 30 days than male students, while male students were more likely to report having binged more than once. The percentage of male and female students who drank more than five drinks at one time once in the past 30 days was identical. When the analysis is limited to students who reported having had at least one drink in the past 30 days, the same pattern is found.

Figure 30 - Binge Drinking by Gender

Percentage of all students by the number of times in the past 30 days when they had five or more alcoholic drinks at one time by gender



The percentage of male students who reported ever trying marijuana is greater than the percentage of female students reporting the same thing. Two-fifths of male students said that they had tried marijuana compared to about one-third of female students. Male students were also more likely than female students to report having used marijuana 20 or more times.

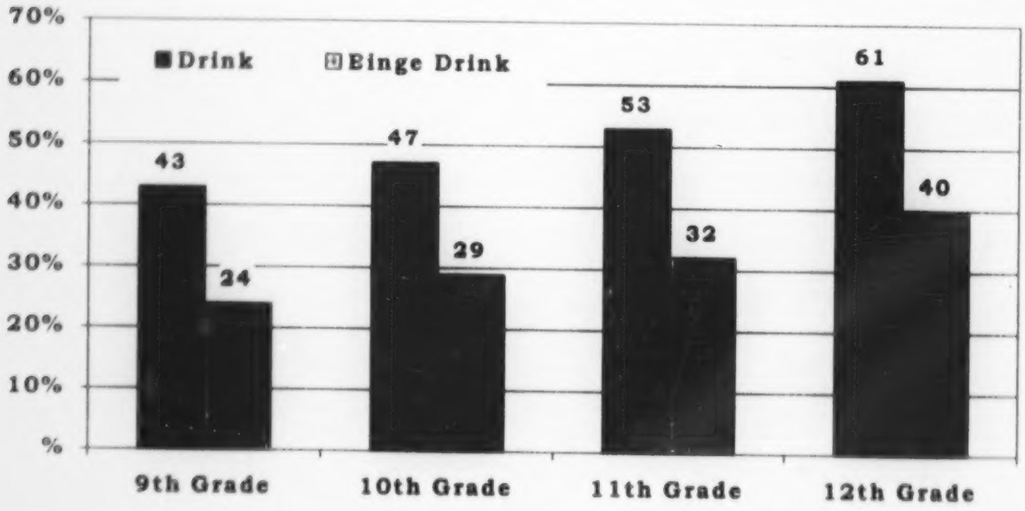
Male students were somewhat more likely than female students to have used any form of cocaine in their lives and significantly more likely to have used cocaine in its freebase or crack forms. There was no statistical difference in the percentage of male or female students who used inhalants, unprescribed steroids, or a needle to inject illegal drugs into their bodies. Male students were more likely than female students to have used LSD at least once.

Grade

The percentage of students who drink and the frequency of drinking increases as grade level increases. One third of ninth graders said that they had never had an alcoholic beverage in their life, compared to only 15 percent of seniors. Similarly, the percentage of students who reported having had at least one alcoholic beverage in the past 30 days increased from 44 percent of ninth graders to 61 percent of seniors (see Figure 31). The percentage of students who reported binge drinking also increased from a quarter of ninth graders to four out of ten seniors. When the analysis is limited to students who said they had had at least one drink in the past 30 days, there appears to be a tendency for binge drinking to occur more often as grade level increases. For example, ninth graders appear less likely to binge and to binge less often than seniors.

Figure 31 - Drinking and Binge Drinking by Grade Level

The percentage of all students who drank alcohol on at least one day in the past 30 or who had five or more alcoholic drinks at one time in the past 30 days by grade level



The same pattern of increasing prevalence with increasing grade level can be seen in marijuana use, though these differences do not reach statistical significance. Thirty percent of ninth graders said they have used marijuana at least once. The prevalence rate increased to 43 percent of twelfth graders. Likewise, the percentage of students who reported using marijuana in the past 30 days increased from 18 percent in ninth grade to 24 percent in twelfth grade. The percentage who said they used marijuana on school property in the past 30 days was relatively even across the grade levels as was the percentage who reported that someone had offered, sold, or given them drugs while on school property.

The rates of cocaine usage[20], steroids, or students who injected illegal drugs into their bodies were relatively constant across grade levels. The reported use of inhalants decreased slightly (but significantly) as grade level increased. The percentage of students who reported ever having used LSD increased slightly from ninth through twelfth grade. This difference was marginally statistically significant.

SEXUAL BEHAVIOR

Context

Teen sexuality is a major social concern for several reasons. First, a high number of teenage women become pregnant every year. In Wisconsin in 1995, 182 births were to teens under 15 and 2,549 mothers were 15 to 17 years old (Center for Health Statistics, 1996a). The fertility rates among this age group have remained nearly constant since 1960 (Center for Health Statistics, 1996a). Early pregnancy

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[20] Including all forms together, as well as crack and freebase forms considered separately.

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can significantly affect the education and future opportunities of these young mothers.

Every year, 2.5 million U.S. teenagers are infected with an STD. This represents approximately one out of every six sexually active teens and one-fifth of the national STD cases (Centers for Disease Control, 1989). In Wisconsin in 1996 there were over 3500 cases of chlamydia, nearly 1500 cases of gonorrhea, and nearly 250 cases of herpes reported by those people under 20 years old (Kowalewski, 1997). Adolescents[21] have the second highest STD infection rate of any age group in Wisconsin. However, there is reason for optimism. A recent report from the CDC finds that infection rates for chlamydia, gonorrhea, and syphilis significantly declined among this age group since 1990 (Division of STD Prevention, 1997). 1996 also saw a decrease in the number of reported cases of HIV infection (14) and AIDS cases (3) among adolescents 13 to 19 years old (Wisconsin AIDS/HIV Program, 1997).

The TIP survey found that most parents think premarital sex among teens is always or nearly always wrong (Bogenschneider, et al., 1996). Over three-quarters of parents also worry about their children being pressured into having sex but think that it is unlikely that their child is sexually active.

The Year 2000 Objectives have established several goals for sexual activity among high school aged students:

- Confine the prevalence of HIV infection to no more than 800 per 100,000 adolescents.
- Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15 percent by age 15 and no more than 40 percent by age 17.
- Increase to at least 40 percent the proportion of ever sexually active adolescents aged 17 and younger who have abstained from sexual activity for the previous three months.
- Increase to at least 60 percent the proportion of sexually active, unmarried young women age 15 to 19 who used a condom during their last sexual intercourse.
- Increase to at least 75 percent the proportion of sexually active, unmarried young men age 15 to 19 who used a condom during their last sexual intercourse.
- Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1000 adolescents.
- Increase to at least 90 percent the proportion of sexually active, unmarried people age 19 and younger who use contraception, especially combination methods that effectively prevent pregnancy and provide barrier protection from sexually transmitted diseases.

General Prevalence Rates

The vast majority of students reported that they received instruction at some time about AIDS and HIV infection in school. Slightly over half reported talking with their parents or other adults in their family about AIDS and HIV infection. Interestingly, 70 percent of parents in the TIP survey claimed to have talked to their child about HIV and AIDS (Bogenschneider, et al., 1996).

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[21] Defined as ages 10 through 19.

Four in ten students reported that they had had sexual intercourse. Nearly half of those who reported having sexual intercourse said that they became sexually active when they were 15 or 16 years old (see Figure 32). Of those who reported ever having had sex, nearly two-thirds said that they had had sex with only one or two people. Over a quarter of students who had had sex (or 11 percent of all students) reported having sex with four or more people (see Figure 33). Seven out of ten students who reported ever having sexual intercourse (or nearly 30 percent of all students) reported having sexual intercourse in the past three months (Figure 34).

Figure 32 - First Sexual Intercourse

The percentage of all students by the age at which they first had sexual intercourse

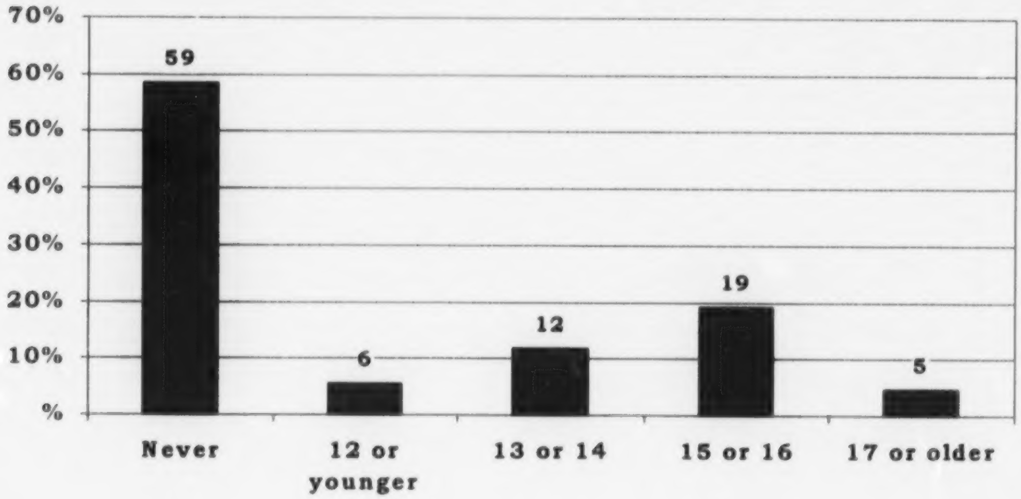


Figure 33 - Number of Sexual Partners

The percentage of students by the number of sexual partners they had in their lifetime for those who had ever had sex

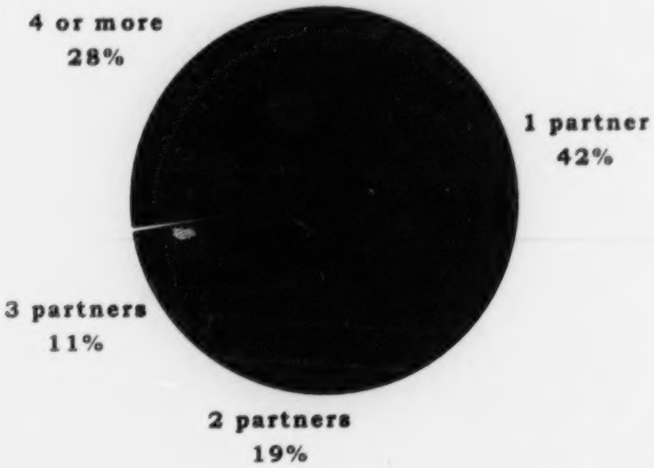
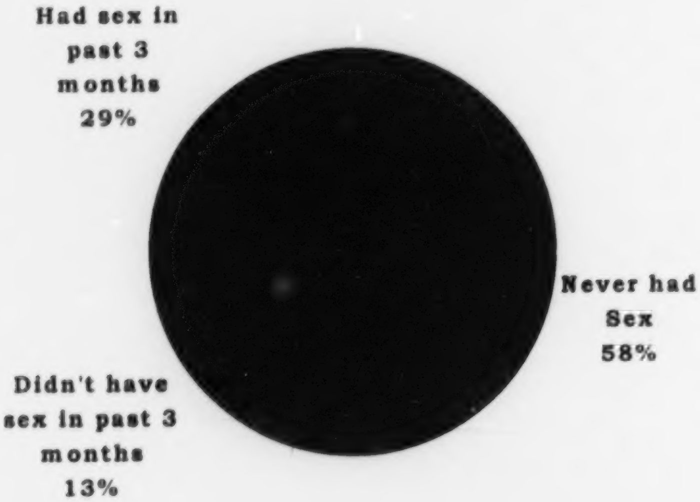


Figure 34 - Sexual Intercourse

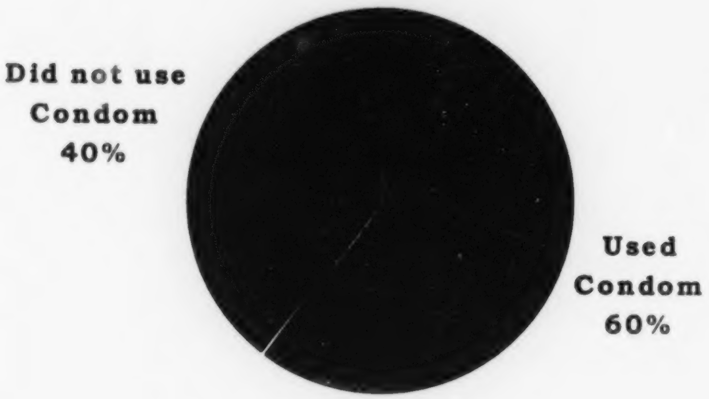
Percentage of all students by sexual intercourse in the past three months and lifetime



A quarter of students who reported ever having sexual intercourse said that they drank alcohol or used drugs before the last time they had sex. Six out of ten sexually active students reported that they used a condom the last time they had sex (see Figure 35). Seven out of ten sexually active students reported using either condoms or birth control pills to prevent pregnancy the last time they had sexual intercourse[22] (see Figure 36). A quarter of sexually active students reported using no method or withdrawal to prevent pregnancy the last time they had sex. Five percent of all students reported having been pregnant or having gotten someone pregnant (see Figure 37). When the analysis is limited to sexually active students, the prevalence rate rises to 12 percent.

Figure 35 - Condom Use During Last Sexual Intercourse

The percentage of students who had ever had sex by whether or not they used a condom during their last sexual intercourse



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[22] Two separate questions were asked about birth control. The first asked only about whether a condom was used at the time of their last sexual intercourse. The second asked about a wider variety of birth control methods.

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Figure 36 - Birth Control Method

The percentage of students by the method of birth control used during their last sexual intercourse for those who had ever had sex

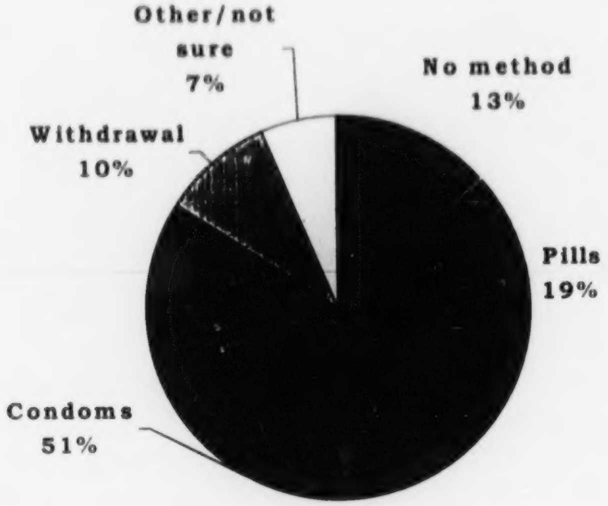
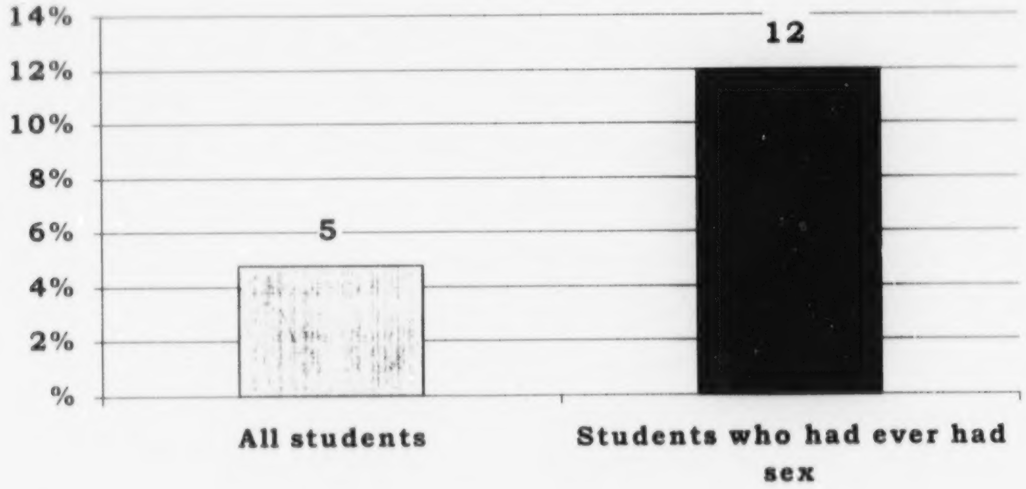


Figure 37 – Pregnancy

The percentage of all students and of students who had ever had sex who reported ever being or getting someone else pregnant



Trends

There was a small increase in the percentage of students who reported ever having been taught about HIV and AIDS in school (84 to 91 percent) and a small decrease in the percentage who said they had talked about HIV and AIDS with an adult family member (58 to 54 percent) between 1993 and 1997. Though these differences were statistically significant, the small correlation coefficient indicates that the differences may not be meaningful.

The percentage of students who reported having ever had sexual intercourse decreased from 47 percent in 1993 to 41 percent in 1997. This change is marginally significant. There was no significant difference in the age at which students who have been sexually active report having had their first sexual intercourse. Similarly, there are no statistically significant differences in the number of sexual partners students reported either in their life or in the past three months. There are also no significant differences in the use of condom or other forms of birth control or the rate of pregnancy. Roughly the same percentage of students reported using alcohol or drugs before their last sexual experience in 1993 and 1997.

Comparisons by Demographic Groups

Gender

Nearly equal percentages of male and female students reported learning about HIV or AIDS in school, but a significantly higher percentage of female students reported talking with an adult family member about it than male students.

A slightly higher percentage of male students reported ever having sexual intercourse than female students. Similarly, though male students who had ever had sex reported having had sexual intercourse for the first time at younger ages slightly more often than female students did, the most common age for having sex for the first time is 15 or 16, accounting for nearly half of both males and females. The number of partners reported by students who had ever had sex is nearly identical for male and female students. Four in ten male and female students who had ever had sex said that they had only had one partner. Thirty percent of female students and 26 percent of male students had had four or more sexual partners in their lives. Two-thirds of male students who had ever had sex (or 27 percent of all male students) reported having sex in the past three months. This was true of over three-quarters of female students who had ever had sex (or 31 percent of all female students).

Nearly three in ten male students who had ever had sex said that they drank alcohol or used drugs before the last time they had sexual intercourse. This compares with only two in ten female students who had ever had sex[23]. Sixty-two percent of male students who had ever had sex and 56 percent of female students who had ever had sex reported using a condom the last time they had sexual intercourse, though this difference was not statistically significant. Relatively equal percentages of male and female students who had ever had sex reported using either condoms or birth control pills to prevent pregnancy the last time they had sex - around 70 percent for each group. Similarly, there was no significant difference between the genders in non-use of birth control. About a quarter of both male and female students who had ever had sex reported using no method of birth control or withdrawal the last time they had sexual intercourse. There is no difference in the rate male students reported having gotten someone pregnant and female students reported having been pregnant.

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[23] This difference is marginally significant.

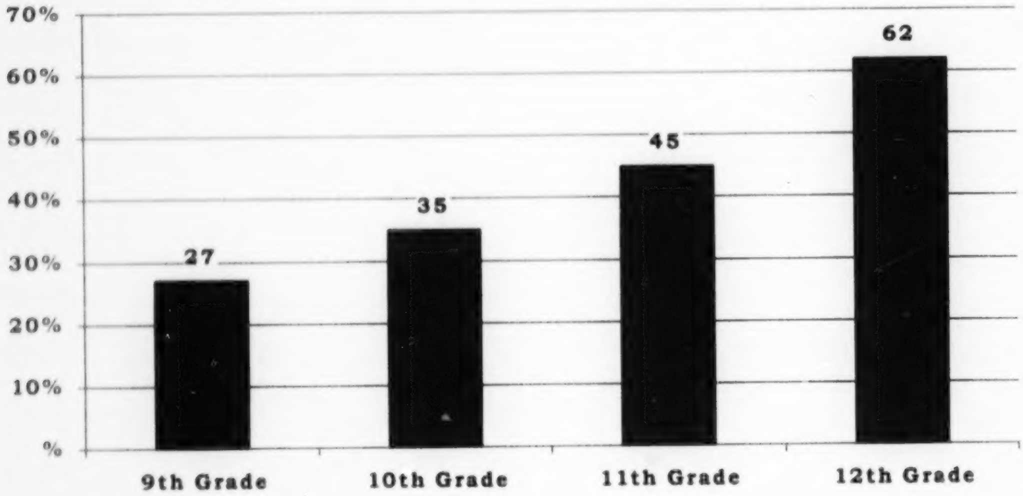
Grade

The percentage of students who were ever taught about HIV and AIDS in school and the percentage who have talked with an adult family member about the issue did not vary significantly across grade levels.

As might be expected, the percentage of students who reported ever having had sexual intercourse and those who reported having had sex in the past three months increased significantly with grade level. Twenty-seven percent of ninth graders reported ever having had sex compared to 62 percent of seniors (see Figure 38). Similarly, the percentage reporting having had sex in the past three months increases from 19 percent of ninth graders to nearly half of students in the twelfth grade. There was, however, no significant increase in the number of sexual partners students reported having across the grade levels.

Figure 38 - Sexual Intercourse by Grade Level

The percentage of all students who reported ever having sexual intercourse by grade level



There are indications that students become more sexually responsible as they pass through higher grades. First, it should be noted that even ninth graders show some responsibility for their sexual activity. There appears to be no significant difference by grade level in the number of students who had ever had sex who used a condom the last time they had sexual intercourse. The majority of ninth graders reported using condoms during their last sexual experience. Second, the chances that students who had ever had sex drank alcohol or used drugs before their last sexual experience decreases somewhat with increased grade levels. Third, the percentage of students who reported using either birth control pills or condoms to prevent pregnancy the last time they had sexual intercourse increases from about six in ten ninth graders who had ever had sex to eight in ten seniors who had ever had sex. Similarly, the percentage that reported using no method or withdrawal to prevent pregnancy decreased from over one-third of ninth graders who had ever had sex to less than one-sixth of students in twelfth grade who had ever had sex. Interestingly, though the percentage of students who had ever had sex increases significantly with grade level, there is no difference in the percentage of students who reported either having been pregnant or having gotten someone pregnant. If the analysis focuses only on students who had ever had sex, there is a statistically significant decrease in the prevalence of pregnancy from ninth to twelfth grade.

DIET AND EXERCISE

Context

Obesity and extreme obesity appear to be increasing by as much as 39 percent and 64 percent respectively among adolescents aged 12 to 17 (Gortmaker, Dietz, Sobol & Whler, 1987). Obesity acquired during childhood or adolescence may persist into adulthood, increasing later risk for chronic conditions such as diabetes, heart disease, high blood pressure, stroke, some cancers, and gall bladder disease (Public Health Service, 1988). In Wisconsin in 1996, nearly one-third of all adults are considered overweight according to body mass index (Center for Health Statistics, 1997). In addition, children and adolescents often experience social and psychological stress related to obesity (Public Health Service, 1988). Likewise, an overemphasis on thinness can contribute to eating disorders.

Americans currently consume diets that are high in fats and low in complex carbohydrates and dietary fiber. Dietary guidelines established by the US Department of Agriculture (US Department of Agriculture, 1992; US Department of Agriculture and US Department of Health and Human Services, 1990) recommend that people eat five or more servings of fruits and vegetables a day, three or more servings of dairy products and six or more servings of bread and grains. Servings of foods high in fat and sugar should be extremely limited. In addition, sedentary lifestyle patterns can increase the risk of many diseases and chronic conditions. Regular physical exercise increases life expectancy (Paffenbarger, Hyde, Wing & Hsieh, 1986) and assists in the prevention of coronary diseases, hypertension, diabetes, osteoporosis, obesity, and mental health problems (Harris, Caspersen, DeFriese & Estes, 1989). A recent report by the Surgeon General reports that only about half of young people in the US regularly participate in vigorous physical activity and a quarter reported no vigorous physical activity (U.S. Department of Health and Human Services, 1996). Furthermore, the report notes that participation in physical activity declines strikingly as age and grade level increase.

The Year 2000 Objectives establish several goals relevant to high school age people's dietary and exercise practices:

- Reduce overweight to a prevalence of no more than 15 percent among people aged 12 to 19.
- Increase to at least 50 percent the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to obtain appropriate body weight.
- Reduce dietary fat intake to an average of 30 percent of calories or less and average saturated fat intake to less than 10 percent of calories among people age two and older.
- Increase complex carbohydrate and fiber-containing foods in the diets of adults to five or more daily servings for vegetables (including legumes) and fruits and to six or more daily servings of grain products.
- Increase to at least 30 percent the proportion of people aged six and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

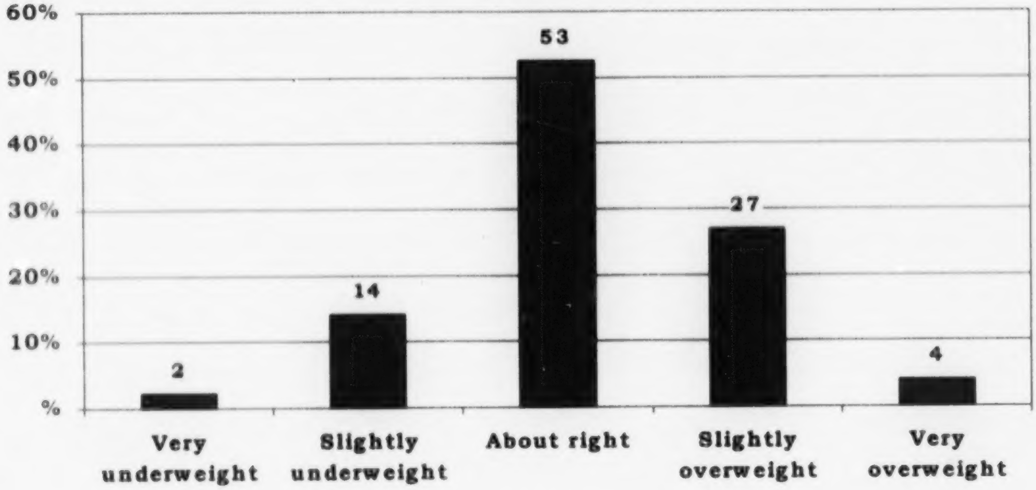
- Increase to at least 75 percent the proportion of children and adolescents aged six to 17 who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness three or more days per week for 20 or more minutes per occasion.

General Prevalence Rates

Just over half of all students reported that they were "about the right weight" (see Figure 39). Slightly less than a third said they were either slightly or very overweight and about a sixth said they were either slightly or very underweight. More than four in ten students said they were trying to lose weight, about one fifth were trying to maintain the same weight and another fifth said they were not doing anything about their weight. Slightly less than a third of all students reported dieting in the past 30 days to lose or keep from gaining weight. Over half of all students said that they had exercised in the past 30 days to lose or keep from gaining weight. Less than five percent of students said they had vomited or taken laxatives in the past 30 days to lose or keep from gaining weight and about six percent said they had taken diet pills in the same period.

Figure 39 - Body Image

The percentage of all students by response category



Nearly two-thirds of students said that they had exercised or participated in physical activities for at least 20 minutes on three or more of the past seven days (see Figure 40). By comparison, only 15 percent of Wisconsin adults in 1996 were classified as engaging in vigorous activity for the same amount of time per week (Center for Health Statistics, 1997). About one-sixth of students reported no such exercise in the past seven days. Again, by comparison, 22 percent of Wisconsin adults in 1996 were classified as physically inactive (Ibid.). A third of the students reported that they have no physical education (PE) classes in an average week (see

Figure 41). Nearly half said they had PE five days a week, 13 percent said they had classes three or four days a week, and six percent said they had PE one or two days a week. Among students who had PE, three-quarters said that they received over 20 minutes of actual exercise. In addition, nearly two-thirds of students reported being involved in at least one team sport in the past 12 months (see Figure 42).

Figure 40 - Physical Activity

The percentage of all students by the number of days in the past seven on which they engaged in 20 minutes or more of strenuous physical activity

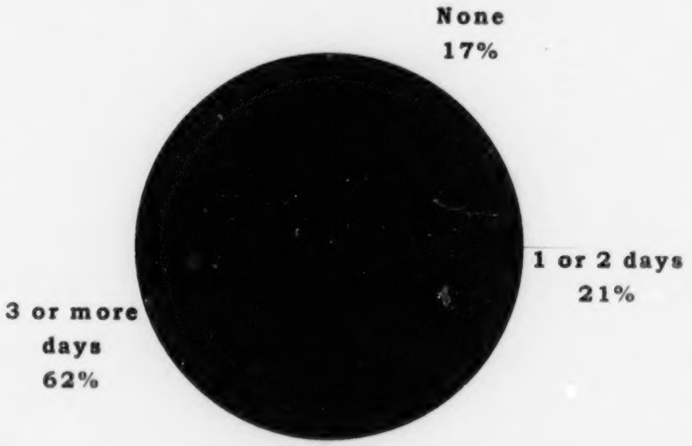


Figure 41 - Physical Education Classes

The percentage of all students by the number of days in an average school week on which they have physical education classes

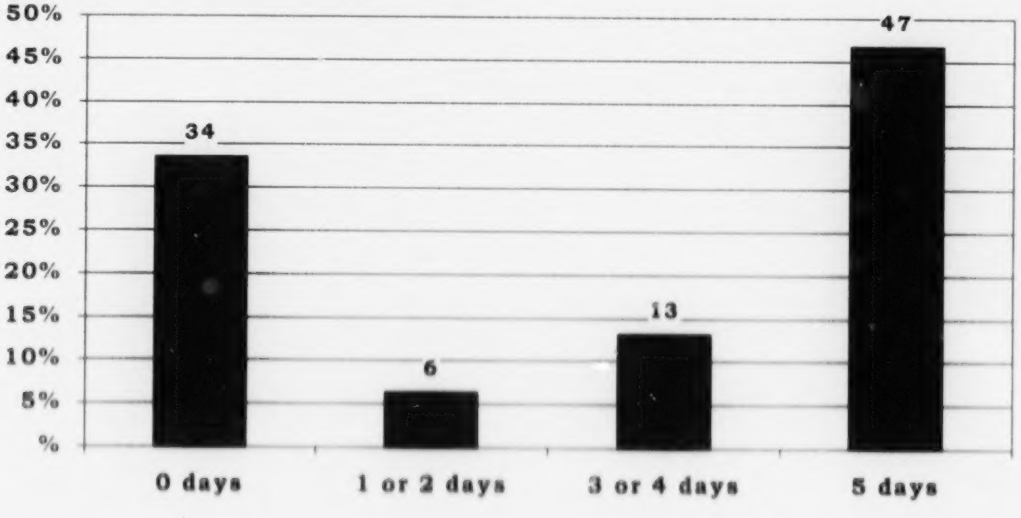
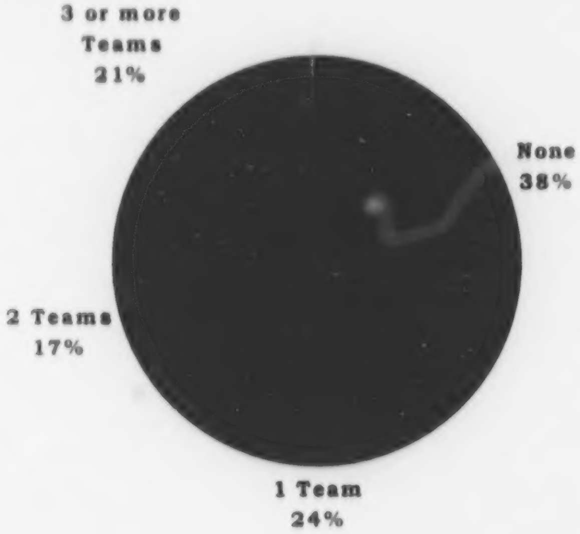


Figure 42 - Participation in Team Sports

The percentage of all students by the number of team sports they have participated in during the past 12 months



Fifteen percent of students said that they had had no fruits, vegetables, fruit or vegetable juice the day before the survey, nearly half reported that they had had fruit or vegetables once or twice on the previous day[24], slightly over one-quarter reported having fruit and vegetables three or four times and only eight percent reported having them five or more times (see Figure 43). Slightly less than a third of the students reported that they had not eaten any high fat meats or fried foods[25] on the day before the survey. Over half reported having these foods once or twice, while about a seventh of the group reported having these foods three or more times on the day before the survey. About half of the students reported having drunk milk or having eaten cheese or yogurt once or twice, while nearly as many reported doing this three or more times on the day before the survey (see Figure 44). Ten percent had not drunk or eaten any milk, cheese or yogurt in the past day. A nearly identical pattern is found for eating bread, pasta, rice or crackers. Half reported doing this once or twice, slightly over a third did this three or more times, and only five percent reported doing this six or more times. Eight percent ate no bread or pasta on the day before the survey. When students were asked how many times they had eaten cookies, doughnuts, pie or cake on the day before the survey, about one-third said that they had not eaten any, one-third had eaten these foods one time, and one-third had eaten them two or more times.

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[24] Data from the YRBS should be interpreted with some caution when looking at nutritional patterns among high school students for several reasons. First, questions only asked about the number of "times" students ate certain foods, not the number of servings they had. For example, if a student had a sandwich the day before the survey, they may report having bread a single time, while a sandwich made with two slices of bread would count as two servings. Secondly, the YRBS asked about a list of specific foods rather than classes of foods. For example, the YRBS asked about having "cookies, doughnuts, pie, or cake". It would be possible for students to have consumed and accurately not reported other high fat, high sugar foods. Third, it is unclear if the foods eaten on the previous day are in fact an accurate prediction of regular dietary patterns. And finally, retrospective self-reports of dietary intake are often inaccurate because of the complexity of accurately reporting this information.

[25] The question specifically listed hot dogs, sausage, deep-fried chicken or fish, French fries, or chips.

Figure 43 - Fruit and Vegetable Consumption

The percentage of all students by the number of times on the previous day they had fruit, vegetables, or fruit or vegetable juices

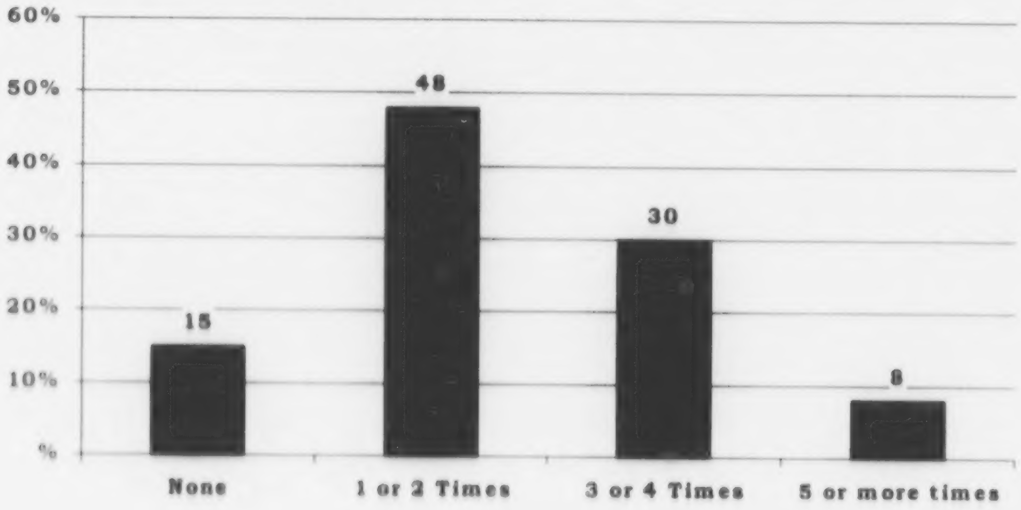
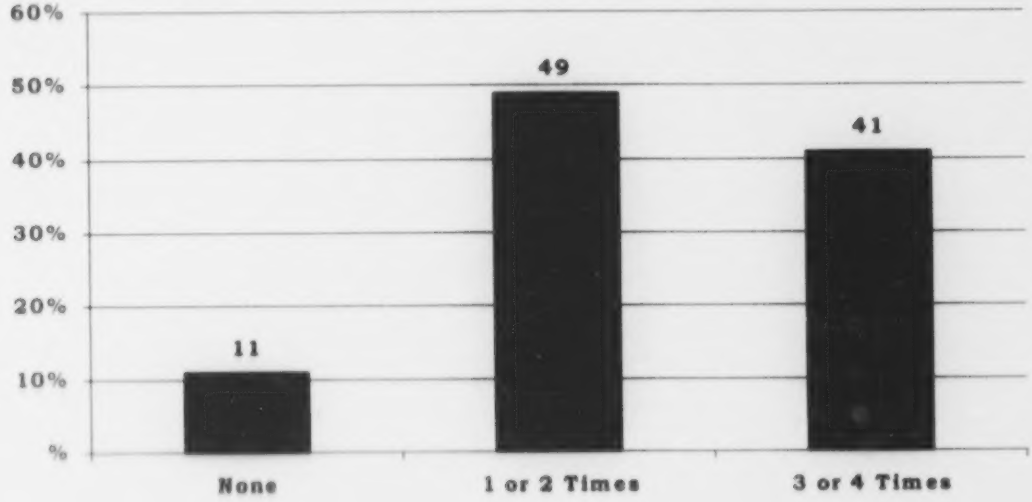


Figure 44 - Dairy Food Consumption

The percentage of all students by the number of times on the previous day they had milk, cheese, or yogurt



Trends

There are no significant differences between students' opinions of their weight or in their attempts to do something about their weight in 1993 and 1997. There is, however, a significant increase in the percentage of students who said that they had exercised in the past 30 days to lose or keep from gaining weight from 1993 to 1997 (39 to 52 percent). There is no difference in the number of students who said that they had vomited or taken a laxative in the past 30 days to lose or keep from gaining weight. Interestingly, there is no significant difference in the number of days in the past week students in 1993 and 1997 reported engaging in strenuous exercise for at least 20 minutes. Likewise there were no significant and meaningful differences between 1993 and 1997 in the reported number of PE classes per average week, the number of minutes of actual exercise per PE class or the number of teams students participated in. Students in 1997 reported eating fruits and vegetables fewer times in the previous day than students in 1993. They also reported eating high fat meats and fried food less often and sweets more often in the last day. Though these differences were significant, care should be taken in interpretation due to differences in instrumentation between 1993 and 1997[26].

Comparisons by Demographic Groups

Gender

There are a number of important differences in body image, attempts to change one's weight, diet, and exercise between male and female students. Though relatively similar percentages of male and female students believe they are "about the right weight", female students are more likely to report being slightly or very overweight. Female students were also much more likely to report trying to lose weight while male students were more likely to report trying to gain weight. Female students were significantly more likely to have reported dieting, exercising, taking diet pills, and vomiting or taking laxatives in the past 30 days to lose or keep from gaining weight.

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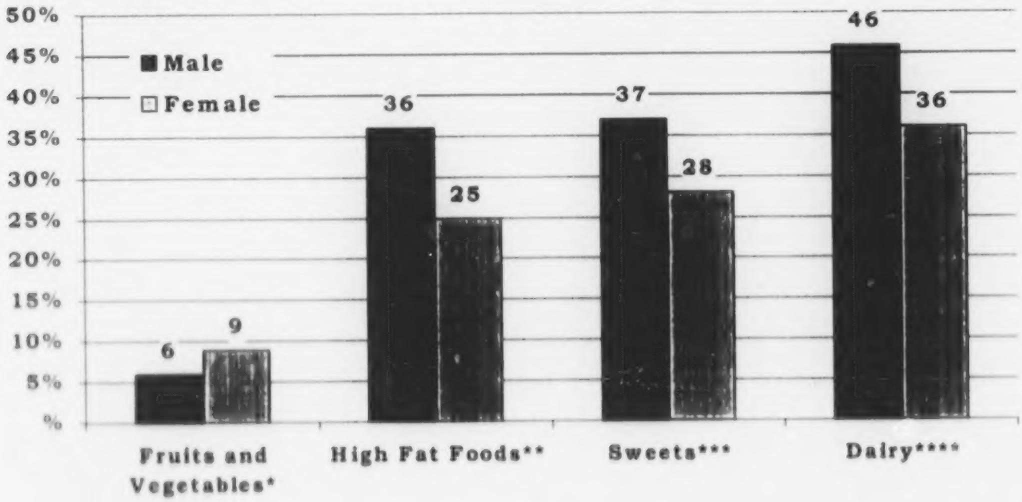
[26] The 1993 YRBS included multiple questions about fruit and vegetable and high fat meats and fried foods that were combined into comparable composite questions. In addition, questions in the 1993 YRBS used different response categories. Comparisons are offered tentatively.

Female students were more likely to report not exercising for 20 or more minutes on any day in the past seven and less likely to report doing this on three or more days in the past seven than male students. Though there were individual differences in the frequency of PE classes between male and female students, there was no consistent pattern in these differences. There was, however, a difference in the amount of time actually spent exercising in PE class. Though nearly even percentages of male and female students reported receiving 20 minutes or more of exercise per PE class, male students were more likely to report receiving more than 30 minutes, while female students were more likely to report 21 to 30 minutes. Female students also reported being on fewer sports teams. Forty-four percent of male students reported being on two or more teams while only 31 percent of female students reported the same.

In general, female students reported eating a healthier diet than male students. Female students reported eating fruits and vegetables more times than male students, and eating high fat foods and sweets fewer times on the day before the survey (see Figure 45). However, female students were more likely to report having dairy products one or two times in the past day or not having them at all, while male students were more likely to report having dairy products three or more times on the day before the survey. There was no difference between male and female students in consumption of pasta and breads.

Figure 45 - Nutrition by Gender

The percentage of all students by nutrition categories by gender



Note 1: The percentage who reported eating fruits and vegetables five or more times on the previous day

Note 2: The percentage who reported eating hot dogs, sausage, deep-fried chicken or fish, french fries or chips two or more times on the previous day

Note 3: The percentage who reported eating cookies, doughnuts, pie, or cake two or more times on the previous day

Note 4: The percentage who reported eating milk, cheese, or yogurt three or more times on the previous day

Grade

There are many specific differences among students in the various grade levels, though there are few notable patterns in these differences. One interesting tendency seems to be a slightly greater percentage of seniors reporting that they are not trying to do anything about their weight and that they are not exercising to lose or maintain their weight. There is also a slight tendency for the use of vomiting or laxatives to lose or keep from gaining weight to decrease with grade level. These differences, though, are only marginally significant.

There is a significant pattern, however, regarding exercise patterns. Students are more likely to report zero days in the past seven of exercising at least 20 minutes as grade level increases and are less likely to report exercising on three or more days in the past week (see Figure 46). Students are also more likely to have fewer or no PE classes as grade level increases[27]. Interestingly, a similar trend occurred with team sports. As grade level increases, students are involved with fewer team sports.

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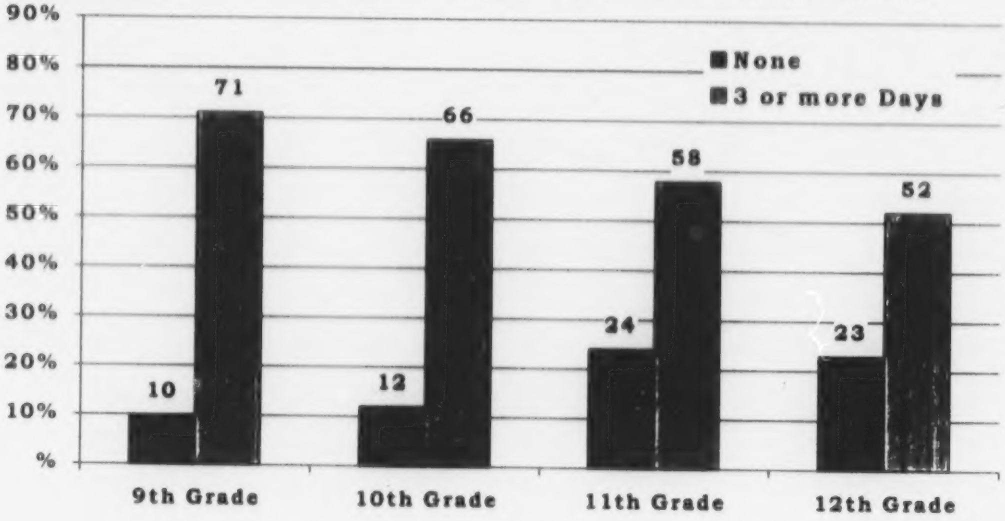
[27] This is especially true for seniors. Two-thirds of seniors have no regular PE classes.

There is a small trend in dietary differences among the grade levels. Generally, the likelihood of reporting having had a particular food item four or more times on the day before the survey decreases with grade level. This is especially true for high fat foods and dairy products.

Figure 46 - Exercise by Grade Level

The percentage of all students by the number of days in the past seven on which they engaged in 20 minutes or more of strenuous physical activity by grade level



HEALTH CARE

Nearly one in five students reported that there was a time in the past 12 months when they wanted or needed health care or advice but did not get it. In addition, eight percent said they were not sure whether this had happened. Students who said they did not receive the health care they needed were asked the reason[28] why they had not, aside from their ability to pay. The most common response was "something else", checked by 44 percent of students who had had limited access to health care. The most common substantive reasons cited were being afraid, no reason other than inability to pay, and not knowing where to go.

Students were also asked if they had a regular health care provider. Four out of five students said that there was a particular clinic, health center, doctor's office or other place they normally went when they were sick or needed advice about their health. In addition, over half said that they had received their last health care or checkup at a doctor's office. Other commonly mentioned places included a hospital, public clinic, and emergency rooms.

When students were asked where they would go for advice or help with a sexually transmitted disease (STD) or pregnancy, nearly a quarter said that they did not know where they would go. The most common places mentioned were a doctor's

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[28] Students were offered the following choices: no reason, didn't know where to go, no transportation, didn't know how, no good time, afraid, something else.

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office, public clinic, or "other". When asked where they would recommend a friend with suicidal thoughts or a drug problem should go, the most common responses included school counselors, a family member, or some other counselor.

Comparisons by Demographic Groups

Gender

Female students were significantly more likely than male students to report that they wanted or needed health care or advice in the past 12 months but did not get it. They also gave different reasons for not receiving care or advice. Female students were more likely to say that they were afraid or that there was no good time, while male students were more likely to mention "something else". However, female students were also more likely than male students to say that they had a regular place they went if they were sick or needed advice about their health. Male students were more likely than female students to say that they have not had a checkup in response to the question about the location where they received their last health care. When that analysis is limited to students who provided a location for their last health care, female students are more likely to mention doctors' offices, while male students are more likely to mention hospitals.

Male and female students also differed in where they would go for advice with an STD or pregnancy and where they would recommend a friend go for help with suicidal thoughts or a drug problem. Though a doctor's office was the most common place for both male and female students to go with questions about STDs and pregnancy (mentioned by 33 percent of male students and 36 percent of female students), the second most common response among male students was "don't know", while female students said they would go to a public clinic. Male and female students had similar recommendations for a troubled friend. The most common response for both groups was school counselor, followed by a family member. However, the percentages favoring each of these options varied significantly, with 39 percent of female students mentioning a school counselor compared to only 28 percent of male students.

Grade

There appear to be several differences in health care access by grade level. As grade level increases, the likelihood of reporting being unsure if there was a time in the past 12 months when one did not receive needed care or advice decreases. There also appears to be a significant increase in reporting not getting needed health care in the eleventh grade. Though there were individual differences in the reasons most often given for not receiving health care, there do not appear to be any systematic tendencies in these differences. There is, however, a general trend for students to more frequently mention having a particular place they go for health care as grade level increases.

There is also an increase in the percentage of students who said they would go to a doctor's office or public clinic for advice or help with an STD or pregnancy. At the same time, there is a reduction in the percentage of students who said they would go to some other place or school. Similarly, as grade level increases the percentage of students who would recommend that a friend troubled with suicidal thoughts or a drug problem go to a teacher steadily decreases, while the percentage who would send the friend to another counselor increases. Interestingly, the percentage who would suggest a family member increases from ninth to eleventh grade, then decreases somewhat in twelfth grade.

ASSETS

Context

Research by the Search Institute in Minneapolis, Minnesota has identified 40 powerful factors – called developmental assets – that kids need to help them grow up to be caring and responsible citizens. The assets are clustered under eight broad headings: Support, Empowerment, Boundaries & Expectations, Constructive Use of Time, Commitment to Learning, Positive Values, Social Competencies, and Positive Identities. A number of questions were included in the survey instrument to gauge the levels of some assets and the correlation between assets that students had or lacked, and the level of risk taking behavior they reported being involved in.

Social Support

Students in the YRBS were asked several questions about their parents' involvement in their life and support from other adults. Over half of the students said that their parents ask where they were going and who they would be with "all the time" and an additional quarter reported that this occurred "most of the time" (see Figure 47). A recent study of parents found that nine out of ten parents said they usually or always knew where their child was and who they were with (Bogenschneider, et al. 1996). Similarly, three-quarters[29] of all students reported their parents had clear rules and standards for their behavior. Four out of five students[30] said that their family loves them and gives them support when they need it. Students were also asked how many adults, other than their parents, they would feel comfortable going to for help. Nearly 30 percent said there were five or more adults they could turn to for help, slightly over a third said that there were one or two adults, and only one in seven said that there were no adults they would feel comfortable going to. Slightly over half of the students[31] also felt that their teachers really care about them and give them lots of encouragement.

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[29] This includes students who either "strongly" or "somewhat" agreed with the statement.

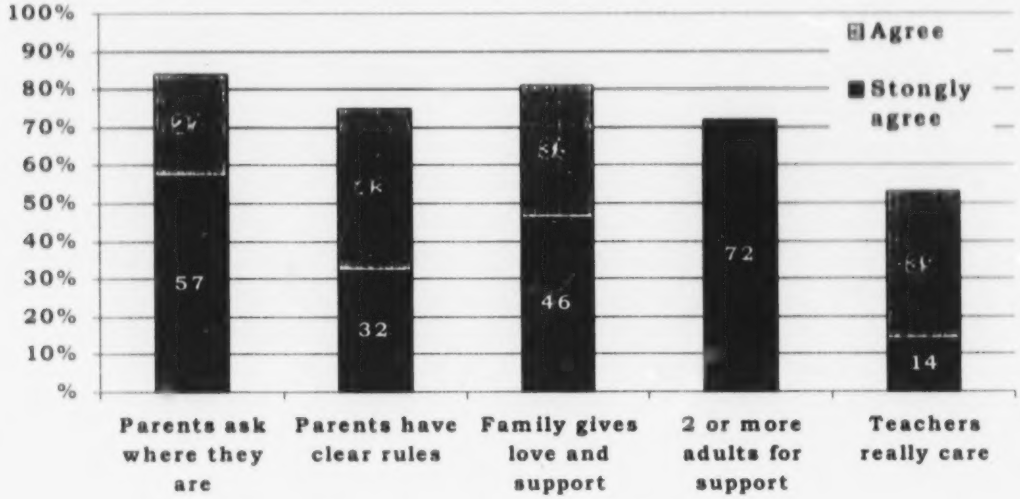
[30] This includes students who either "strongly" or "somewhat" agreed with the statement.

[31] This includes students who either "strongly" or "somewhat" agreed with the statement.

Figure 47 - Social Support

The percentage of all students by responses to questions about social support

Note 1: Includes students who answered "strongly agree" and "agree"



Positive Values

Students were asked a series of questions about their positive values regarding themselves, others, their work, and their future[32]. Three-quarters of all students said that they try hard to do their best at school (see Figure 48). Almost seven out of ten said that it was important to them to help other people. Almost nine out of ten said that they cared about other people's feelings and a slightly higher percentage said that they stand up for their beliefs. Eighty percent thought that they were good at making decisions and following through on them and nearly 90 percent thought that they would be successful as an adult in whatever they chose to do.

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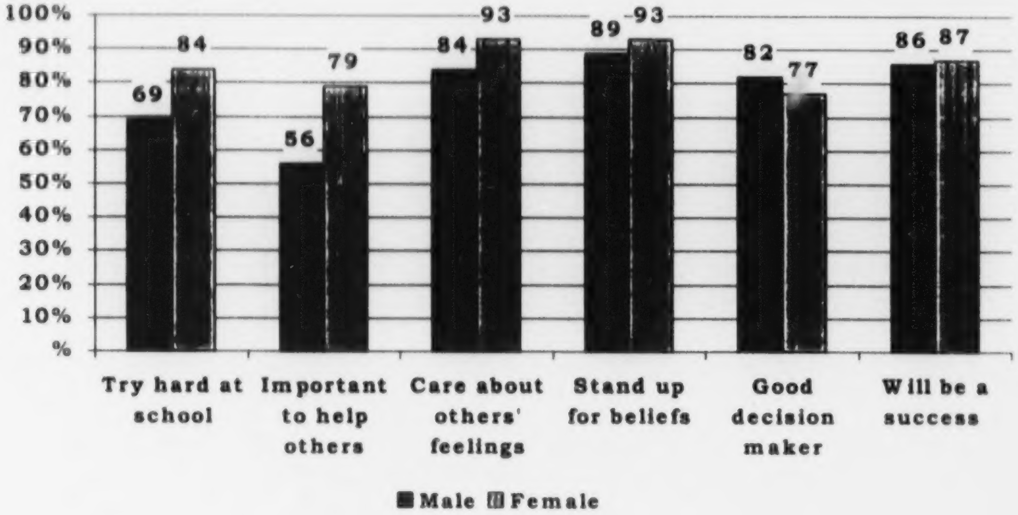
[32] Each question except for the one about the importance of helping others was asked as a five point Likert scale question with possible responses including: strongly agree, somewhat agree, not sure, somewhat disagree, and strongly disagree. Reported statistics are the combined responses to "strongly" and "somewhat" agree. The importance of helping others used a four-point scale ranging from "not important" to "extremely important". Reported statistics are the combined responses to "quite" and "extremely" important.

Figure 48 - Positive Values by Gender

The percentage of all students who "strongly agreed" or "agreed" to questions about attitudes by gender



Extracurricular Activities

Students were asked two questions about the positive ways they spend time doing various activities outside of school. They were first asked about how much time they spent volunteering, in clubs, on teams, in religious activities or other organizations (see Figure 49). One fifth reported spending six or more hours a week doing these kinds of activities, a fifth reported between three and five hours, a quarter said they spent an hour or two a week doing this, and one third reported spending no time at all in these activities. Students were also asked how many hours per week they spent working for pay (see Figure 50). Over half of the students reported working for pay. About a third said that they worked 17 hours or less per week while a fifth said they worked 18 or more hours.

Figure 49 - Extracurricular Activities

The percentage of all students by the number of hours in an average week spent doing volunteer work, religious activities, clubs, teams and other organizations

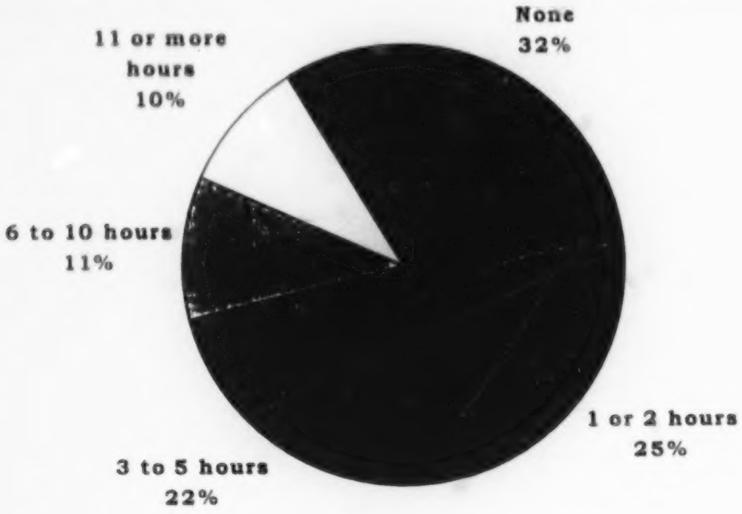
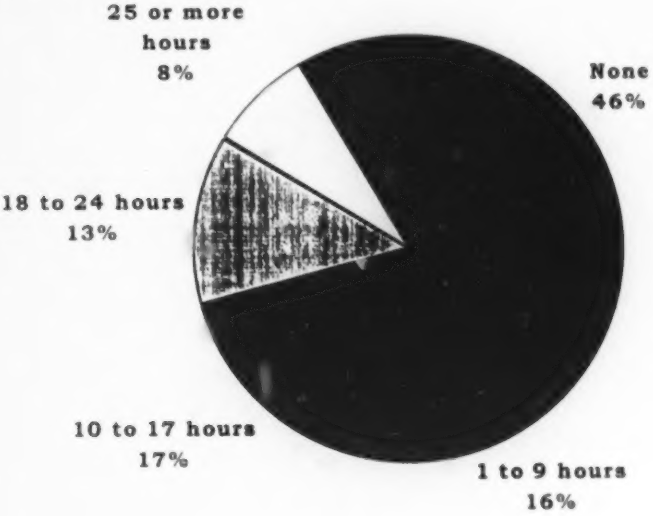


Figure 50 - Working for Pay

The percentage of all students by the number of hours in an average week working at a job for pay



Comparisons by Demographic Groups

Gender

Female students are significantly more likely than male students to report that their parents ask where they are going and who they will be with "all the time" or "most of the time". They were also more likely to say that their parents had clear rules and standards for their behavior. There were no differences between male and female students in feeling that their families loved and supported them or in the number of adults other than parents they felt they could turn to. Female students were more likely than male students to think that their teachers cared about and encouraged them.

Male students were more likely than female students to report having spent no hours on volunteer or other extracurricular activities and to report spending fewer hours in these activities per week. Conversely, though, male students were slightly more likely to have worked at all for pay during the week and to report working more hours per week.

Female students were significantly more likely to say that they tried hard to do their best at school, that it was important to help others, and that they cared about people's feelings. Male students were slightly more likely to say that they were good at making and following through on decisions. There was no difference between male and female students in the percentage who said they stood up for what they believed in or the percentage who thought they would be successful as adults.

Grade

As grade level increases, there is a tendency for more students to report that their parents only ask where they are going and who they will be with "some of the time", "seldom", or "never". There is also a slight tendency for the percentage of students reporting that they "strongly agree" that their parents have clear rules and standards for their behavior to decrease with grade level. There are no significant differences between the grades in the percentage who feel their families love and support them, the number of other adults they feel they can turn to, or the percentage that feel their teachers really care for and encourage them.

There are no significant differences in the amount of time students in different grades spend per week in volunteer activities. There is, however, a significant difference in the amount of time they spend working for pay. Both the percentage of students working for pay and the number of hours they work per week increases as grade level increases. Less than a third of ninth graders reported working for pay while fully three-quarters of seniors had jobs.

There is a steady decrease in the percentage of students who said they try hard to do their best at school between ninth and twelfth grades. At the same time, there is a steady increase in the percentage that say that it is important to help other people. There is no significant difference in the percentage of students in each grade who said that they cared about people's feelings, that they stood up for their beliefs, or that felt they were good at making and following through on decisions. There is a marginally significant trend for the percentage of students who feel they will be successful as adults to increase slightly with grade level.

INDICES

A series of indices were constructed to provide an overview of risk behavior activities and assets. Indices were created to measure the overall number of risk factors in the following areas: vehicle safety, weapons use, violence, suicide, tobacco use, alcohol use, drug use, sexual activity, exercise, dieting, nutrition, and health care access. Indices were also created to assess the overall number of assets students possessed including social support, positive values, and constructive use of time[33].

Individual Risk Factor Areas

Vehicle Safety

The vehicle safety index ranged from zero to five points. Students averaged 3.0 risk factors in this area. No students were free of vehicle safety risk factors. One-fifth had two risk factors, nearly two-thirds reported three risk factors, and nearly one-fifth reported four or five risk factors. Male students generally reported more risk factors than female students. As grade level increased students were more likely to report two risk factors and four or more risk factors and less likely to report three risk factors.

Weapons Carrying

The weapons carrying index ranged from zero to two. Students averaged 0.2 risk factors in this area. The vast majority of students reported no risk factors in this category. Female students were less likely to report any risk factors in this category than male students. There were no significant differences by grade level.

Violence

The violence index ranged from zero to nine. Students averaged 1.1 risk factors in this area. Slightly more than four students in ten reported no risk factors here. Slightly under 30 percent reported two risk factors, about one in seven reported two risk factors and an additional 13 percent reported three or more risk factors. There was a marginally statistically significant trend for the number of reported risk factors to decrease with grade level, though this trend was not demonstrated in a linear decrease in average risk factors by grade level. There were no significant differences between male and female students.

Suicide

The suicide index ranged from zero to three. Students averaged 0.5 risk factors in this area. Over two-thirds of students reported no risk factors in this area, one in six reported one risk factor, and 14 percent reported two or more. Though a similar percentage of male and female students reported no suicide risk factors, female students were significantly more likely to report more risk factors if they reported any. This translated into a slight difference in the average number of risk factors for male and female students. There was a marginally significant trend for the number of suicide risk factors to decrease with grade level, from 0.5 in ninth grade to 0.3 in twelfth grade.

Tobacco Use

The tobacco index ranged from zero to seven. Students averaged 2.1 risk factors in this area. Less than a third of all students reported no risk factors in tobacco use. About a quarter of students reported one risk factor, a fifth report two or three, and a quarter reported four or more. Male students reported more risk factors than female students, and risk factors increased significantly with grade level.

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[33] A detailed explanation of the index construction is included in Appendix B.

Alcohol Use

The alcohol index ranged from zero to three. Students averaged 1.6 risk factors in this area. A quarter of students reported no risk factors in alcohol use, slightly more reported one risk factor, less than one-fifth reported two and slightly less than a third reported three risk factors. Male students were more likely to report three risk factors than female students, while female students were more likely to report no risk factors in this area. Male students reported slightly more risk factors on average than female students. Similarly, reports of no risk factors steadily decreased from ninth to twelfth grade while reports of three risk factors increased. The average number of reported risk factors increased from 1.3 in ninth grade to 1.8 in twelfth grade.

Drug Use

The drug use index ranged from zero to 11, though less than one-percent of all students reported one or no risk factors in drug use. Students averaged 3.0 risk factors in this area. The majority reported two risk factors, 15 percent reported three, 12 percent reported four, and 14 percent report five or more. The number of reported risk factors increased with grade level, from 2.9 in ninth grade to 3.1 in twelfth grade. There were no significant differences between male and female students.

Sexual Activity

The sexual activity index ranged from zero to seven. Students averaged 1.4 risk factors in this area. Nearly two-thirds of students reported no risk factors in this area, 13 percent reported one or two risk factors, 18 percent reported three or four, and eight percent reported five or more risk factors. The number of reported risk factors increased with grade level, from 1.0 in ninth grade to 1.9 in twelfth grade. There were no significant differences between male and female students.

Exercise

The exercise index ranged from zero to four, with approximately one-quarter reporting no risk factors, one-quarter reporting one, and one-quarter reporting two risk factors. Students averaged 1.6 risk factors in this area. Fifteen percent reported three risk factors and one in ten reported four. Male students were more likely to report no risk factors than female students, while female students were more likely to report three or four risk factors. The number of reported risk factors increased with grade level, from 1.3 in ninth grade to 2.3 in twelfth grade.

Nutrition

The nutrition index ranged from zero to four. Only three percent of students reported no nutrition risk factors, nearly one-fifth reported only one factor, slightly less than half reported two, over a quarter reported three and six percent reported all four risk factors. Students averaged 2.1 risk factors in this area. Male students were more likely to report three or four risk factors than female students, though there was only a small difference in the average reported risk factors. There were no significant differences among the grade levels.

Dieting

The dieting index ranged from zero to four. Half of all students reported no dieting risk factors, forty percent reported one risk factor, eight percent reported two, and two percent reported three or four risk factors. Students averaged 0.6 risk

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factors in this area. Male students reported fewer dieting risk factors than female students. There were no significant differences among the grade levels.

Health Care Access

The health care access index ranged from zero to two. Students averaged 0.3 risk factors in this area. Nearly three-quarters of students reported no risk factors in this area, a quarter reported one risk factor and three percent reported two risk factors. There were no significant differences between male and female students or among the grade levels.

Total Risk Factors

All individual risk factor area indices were added together to form a total risk factor index. The total risk factor index ranged from three to 54. Students averaged 18.6 risk factors overall. Five percent of students reported ten or fewer risk factors, while six percent reported more than 30 risk factors. About two-thirds of all students reported 11 to 20 risk factors, and a quarter reported 21 to 30 risk factors. Male students reported more risk factors than female students and reported risk factors generally increased with grade level, from 17.8 in ninth grade to 20.0 in twelfth grade.

Assets

Social Support

The assets index ranged from zero to six, though less than two percent reported zero or one asset. Students averaged 4.8 assets. Nearly 70 percent of students reported five or six assets, 16 percent reported four and 13 percent reported two or three. Female students reported slightly more assets than male students. There were no significant differences among the grade levels.

Positive Values

The beliefs index ranged from zero to six, though again, less than two percent reported zero or one positive beliefs. Students averaged 5.2 positive beliefs. Seventy-eight percent reported five or six positive beliefs, 12 percent reported four, and eight percent reported two or three positive beliefs. Female students reported slightly more positive beliefs than male students. There were no significant differences among the grade levels.

Total Assets

The social support and positive values indices were combined together to form a total assets index. The total assets index ranged from zero to 12. Students averaged 10.0 social assets overall. Nearly 30 percent reported 12 assets, just over half reported nine to 11 total assets, 16 percent reported six to eight total assets and four percent reported five or fewer assets. Female students reported slightly more total assets than male students. There were no significant differences among the grade levels.

RELATIONSHIPS BETWEEN ASSETS AND RISK FACTORS

In order to understand the connections among various risk factors and assets, a correlation analysis[34] was conducted using the indices described above. This analysis examined the tendency for different behaviors to occur together. A high positive correlation between two sets of behaviors means that there is a high probability that if students engage in the first set of activities they will also engage in the second set as well. A high negative correlation means that if a student engages in the first set of activities, they are less likely to engage in the second set. The size of the correlation (from 0 to 1 or from 0 to -1) indicates the size of the relationship. That is, a correlation of 1 would mean that every time the first event occurs, the second event occurs as well. A correlation of zero means that the second event is no more likely to occur following the first event than it would be merely by chance.

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[34] Using a Spearman's rho correlation.

The correlation analysis falls into three parts. First, it examines the relationship between various risk behavior indices. Second, it examines the relationship between the two assets indices. Finally, it examines the relationship between assets and risk behaviors.

Most of the risk factor indices were correlated to other risk factor indices (see Table 1). Of the 66 index pairs, 50 were statistically significant and an additional seven were moderately significant. Nine had correlations over 0.35 and nine had correlations between 0.25 and 0.34. The highest and most interrelated correlations were found between alcohol use, drug use, tobacco use, and sexual activity, with correlations ranging from 0.40 to 0.60 and three correlations over 0.55. All four of these indices were highly correlated with each other, indicating a high level of interconnection among these activities. In other words, students who engaged in many risky behaviors in any one of these areas were very likely to engage in risky behaviors in the others as well. So, for example, a student who engaged in many risky sexual behaviors would also be very likely to engage in risky drug, tobacco, and alcohol use. It should be noted, however, that these high correlations in no way indicate that activity in any one of these areas causes increased activity in the others. That is, these high correlations do not imply that if risky behavior in one area could be reduced, risky behavior in the others would necessarily decline. In addition, violence was highly correlated with drug and tobacco use and taking risks with vehicle safety was highly correlated with alcohol use. Smaller, yet still important, correlations were found between drug use and suicide, vehicle safety, and weapons use. Similar correlations were found between violence and alcohol use, sexual activity and suicide; between tobacco use and suicide and vehicle safety; and violence and weapons use. A large significant correlation of 0.47 was found between social assets and positive values.

There is a large significant negative correlation of –0.38 between total assets and total risk factors (see Table 2). There is also a slightly smaller, yet still important, negative correlation between both social support and total risk factors (-0.37) and positive values and total risk factors (-0.34). In other words, as social support and positive values increase, involvement in risky behaviors decreases significantly. When individual risk factor indices were examined, the correlations went down somewhat, but many important relationships existed. Generally, the strongest correlations existed between assets[35] and drug use, sexual activity, suicide, tobacco use, and violence, with correlations ranging from –0.24 to –0.31. The weakest correlations were found with the nutrition, and dieting indices.

In sum, this analysis highlights the strong connection between several behaviors including drug use, alcohol use, sexual activity, and tobacco use and to a lesser degree suicide, violence, and vehicle safety. Students who engaged in a high number of risk behaviors in one of these areas is more likely to also engage in a high number of risk behaviors in another one. It also points out the powerful effect positive values and social support can have on reducing risky behaviors. Students with positive values and strong social support are much less likely to engage in high numbers of risky behaviors associated with tobacco use, alcohol use, drug use, violence, sexual activity, or suicide.

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[35] Correlations with specific risk factor indices were nearly identical for total assets, social support, and positive values indices.

Table 1 - Risk Factor Correlations

	Alcohol	Nutrition	Dieting	Drugs	Exercise	Health Care	Sexual Activity	Suicide	Tobacco	Vehicle Safety	Violence
Nutrition											
Dieting											
Drugs	++										
Exercise											
Health Care											
Sexual Activity	++			++							
Suicide				+							
Tobacco	++			++			++	+			
Vehicle Safety	++			+					+		
Violence	+			++			+	+	++		
Weapons				+							+

+ signifies correlations from 0.25 to 0.34

++ signifies correlations equal to or greater than 0.35

Table 2 - Risk Factor and Asset Correlations

	Alcohol	Nutrition	Dieting	Drugs	Exercise	Health Care	Sexual Activity	Suicide	Tobacco	Vehicle Safety	Violence	Weapons	Total Risk
Social Support				-			-	-	-		-		--
Positive Values				-				-	-		-		--
Total Assets				-			-	-	-		-		--

- signifies correlations from -0.25 to -0.34

-- signifies correlations equal to or less than -0.35

Appendix A – Questionnaire

1997 YOUTH RISK BEHAVIOR SURVEY

This survey is about health behavior. It has been developed so you can tell us what *you* do that may affect your health. The information you give will be used to develop better health education programs for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept *private.* No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class.

The questions that ask about your background will only be used to describe the types of students completing this survey. The information will not be used to find out your name. *No names will ever be reported.*

Make sure to answer every question. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

THANK YOU VERY MUCH FOR YOUR HELP

INSTRUCTIONS: Read each question carefully. Fill in the circle on your answer sheet that matches the letter of your answer. CHOOSE THE **ONE** BEST ANSWER FOR EACH QUESTION.

1. How old are you?

   a. 12 years old or younger
   b. 13 years old
   c. 14 years old
   d. 15 years old
   e. 16 years old
   f. 17 years old
   g. 18 years old or older

2. What is your sex?

   a. Female
   b. Male

3. In what grade are you?

   a. 9th grade
   b. 10th grade
   c. 11th grade
   d. 12th grade
   e. Ungraded or other

4. How do you describe yourself?

   a. White - not Hispanic
   b. Black - not Hispanic
   c. Hispanic or Latino
   d. Asian or Pacific Islander
   e. American Indian or Alaskan Native
   f. Multiracial
   g. Other

The next 22 questions ask about safety and violence.

5. How often do you wear a seat belt when **riding in** a car driven by someone else?

   a. Never
   b. Rarely
   c. Sometimes
   d. Most of the time
   e. Always

6. **If you rode a motorcycle** during the past 12 months, how often did you wear a helmet?

   a. I did not ride a motorcycle during the past 12 months
   b. Never wore a helmet
   c. Rarely wore a helmet
   d. Sometimes wore a helmet
   e. Most of the time wore a helmet
   f. Always wore a helmet

7. **If you rode a bicycle** during the past 12 months, how often did you wear a helmet?

   a. I did not ride a bicycle during the past 12 months
   b. Never wore a helmet
   c. Rarely wore a helmet
   d. Sometimes wore a helmet
   e. Most of the time wore a helmet
   f. Always wore a helmet

8. During the past 30 days, how many times did you ride in a car or other vehicle **driven by someone who had been drinking alcohol**?

   a. 0 times
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

9. During the past 30 days, how many times did **you** drive a car or other vehicle **when you had been drinking alcohol**?

   a. 0 times
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

10. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?

    a. 0 days
    b. 1 day
    c. 2 or 3 days
    d. 4 or 5 days
    e. 6 or more days

11. During the past 30 days, on how many days did you carry **a gun**?

  a. 0 days
  b. 1 day
  c. 2 or 3 days
  d. 4 or 5 days
  e. 6 or more days

12. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?

  a. 0 days
  b. 1 day
  c. 2 or 3 days
  d. 4 or 5 days
  e. 6 or more days

13. During the past 30 days, how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

  a. 0 days
  b. 1 day
  c. 2 or 3 days
  d. 4 or 5 days
  e. 6 or more days

14. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?

  a. 0 times
  b. 1 time
  c. 2 or 3 times
  d. 4 or 5 times
  e. 6 or 7 times
  f. 8 or 9 times
  g. 10 or 11 times
  h. 12 or more times

15. During the past 12 months, how many times were you in a physical fight?

  a. 0 times
  b. 1 time
  c. 2 or 3 times
  d. 4 or 5 times
  e. 6 or 7 times
  f. 8 or 9 times
  g. 10 or 11 times
  h. 12 or more times

16. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

  a. 0 times
  b. 1 time
  c. 2 or 3 times
  d. 4 or 5 times
  e. 6 or more times

17. During the past 12 months, how many times were you in a physical fight **on school property**?

  a. 0 times
  b. 1 time
  c. 2 or 3 times
  d. 4 or 5 times
  e. 6 or 7 times
  f. 8 or 9 times
  g. 10 or 11 times
  h. 12 or more times

18. The **last time** you were in a physical fight, with whom did you fight?

  a. I have never been in a physical fight
  b. A total stranger
  c. A friend or someone I know
  d. A boyfriend, girlfriend, or date
  e. A parent, brother, sister, or other family member
  f. Someone not listed above
  g. More than one of the persons listed above

19. Have you ever been verbally or physically forced to take part in sexual activity?

a. I have never taken part in sexual activity
b. Yes
c. No
d. I'm not sure

20. Have you ever verbally or physically forced someone to take part in sexual activity?

a. I have never taken part in sexual activity
b. Yes
c. No
d. I'm not sure

21. Have you ever been threatened or hurt because someone thought you were gay, lesbian, or bisexual?

a. Yes
b. No
c. I'm not sure

22. Have you ever been threatened or hurt because of your race or color?

a. Yes
b. No
c. I'm not sure

23. Have you ever been sexually harassed, however you define this, at your school?

a. Yes, I have been sexually harassed at school
b. No
c. I'm not sure

24. Has your date ever slapped, kicked, punched or hit you or threatened to do so?

a. I've never had a date
b. Yes
c. No
d. I'm not sure

25. When you are at school, how safe do you feel from physical harm?

a. Always feel safe
b. Usually feel safe
c. Usually don't feel safe

26. When you are on your way to or from school, how safe do you feel from physical harm?

a. Always feel safe
b. Usually feel safe
c. Usually don't feel safe

Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide, that is, taking some action to end their own life. The next two questions ask about attempted suicide.

27. During the past 12 months, did you ever **seriously** consider attempting suicide?

a. Yes
b. No

28. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

a. **I did not attempt suicide** during the past 12 months
b. Yes
c. No

The next nine questions ask about tobacco use.

29. How old were you when you smoked a whole cigarette for the first time?

a. I have never smoked a whole cigarette
b. 8 years old or younger
c. 9 or 10 years old
d. 11 or 12 years old
e. 13 or 14 years old
f. 15 or 16 years old
g. 17 years old or older

30. During the past 30 days, on how many days did you smoke cigarettes?

a. 0 days
b. 1 or 2 days
c. 3 to 5 days
d. 6 to 9 days
e. 10 to 19 days
f. 20 to 29 days
g. All 30 days

31. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

a. I did not smoke cigarettes during the past 30 days
b. Less than 1 cigarette per day
c. 1 cigarette per day
d. 2 to 5 cigarettes per day
e. 6 to 10 cigarettes per day
f. 11 to 20 cigarettes per day
g. More than 20 cigarettes per day

32. During the past 30 days, how did you usually get your own cigarettes? (Select only **one** response.)

a. I did not smoke cigarettes during the past 30 days
b. I bought them in a store such as a convenience store, supermarket, or gas station
c. I bought them from a vending machine
d. I gave someone else money to buy them for me
e. I borrowed them from someone else
f. I stole them
g. I got them some other way

33. **When you bought cigarettes** in a store during the past 30 days, were you **ever** asked to show proof of age?

a. I did not smoke cigarettes during the past 30 days
b. I did not buy cigarettes in a store during the past 30 days
c. Yes, I was asked to show proof of age
d. No, I was not asked to show proof of age

34. During the past 30 days, on how many days did you smoke cigarettes **on school property**?

a. 0 days
b. 1 or 2 days
c. 3 to 5 days
d. 6 to 9 days
e. 10 to 19 days
f. 20 to 29 days
g. All 30 days

35. Have you ever tried **to quit** smoking cigarettes?

a. Yes
b. No

36. During the past 30 days, on how many days did you use **chewing tobacco or snuff**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

a. 0 days
b. 1 or 2 days
c. 3 to 5 days
d. 6 to 9 days
e. 10 to 19 days
f. 20 to 29 days
g. All 30 days

37. Is there an adult in your household who is a regular smoker?

a. Yes
b. No

The next four questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

38. How old were you when you had your first drink of alcohol other than a few sips?

a. I have never had a drink of alcohol other than a few sips
b. 8 years old or younger
c. 9 or 10 years old
d. 11 or 12 years old
e. 13 or 14 years old
f. 15 or 16 years old
g. 17 years old or older

39. During the past 30 days, on how many days did you have at least one drink of alcohol?

a. 0 days
b. 1 or 2 days
c. 3 to 5 days
d. 6 to 9 days
e. 10 to 19 days
f. 20 to 29 days
g. All 30 days

40. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

a. 0 days
b. 1 day
c. 2 days
d. 3 to 5 days
e. 6 to 9 days
f. 10 to 19 days
g. 20 or more days

41. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?

a. 0 days
b. 1 or 2 days
c. 3 to 5 days
d. 6 to 9 days
e. 10 to 19 days
f. 20 to 29 days
g. All 30 days

The next four questions ask about marijuana use. Marijuana also is called grass or pot.

42. How old were you when you tried marijuana for the first time?

a. I have never tried marijuana
b. 8 years old or younger
c. 9 or 10 years old
d. 11 or 12 years old
e. 13 or 14 years old
f. 15 or 16 years old
g. 17 years old or older

43. During your life, how many times have you used marijuana?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 to 99 times
g. 100 or more times

44. During the past 30 days, how many times did you use marijuana?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

45. During the past 30 days, how many times did you use marijuana **on school property**?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

The next nine questions ask about cocaine and other drug use.

46. How old were you when you tried **any** form of cocaine, including powder, crack, or freebase, for the first time?

a. I have never tried cocaine
b. 8 years old or younger
c. 9 or 10 years old
d. 11 or 12 years old
e. 13 or 14 years old
f. 15 or 16 years old
g. 17 years old or older

47. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

48. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

49. During your life, how many times have you used the **crack or freebase** forms of cocaine?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

50. During your life, how many times have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

51. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

52. During your life, how many times have you used LSD or "acid"?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

53. During your life, how many times have you used a needle to inject any **illegal** drug into your body?

a. 0 times
b. 1 time
c. 2 or more times

54. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

a. Yes
b. No

The next two questions ask about AIDS education and information.

55. Have you ever been taught about AIDS or HIV infection in school?

a. Yes
b. No
c. Not sure

56. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?

a. Yes
b. No
c. Not sure

The next eight questions ask about sexual behavior.

57. Have you ever had sexual intercourse?

    a. Yes
    b. No

58. How old were you when you had sexual intercourse for the first time?

    a. I have never had sexual intercourse
    b. 11 years old or younger
    c. 12 years old
    d. 13 years old
    e. 14 years old
    f. 15 years old
    g. 16 years old
    h. 17 years old or older

59. During your life, with how many people have you had sexual intercourse?

    a. I have never had sexual intercourse
    b. 1 person
    c. 2 people
    d. 3 people
    e. 4 people
    f. 5 people
    g. 6 or more people

60. During the past 3 months, with how many people did you have sexual intercourse?

    a. I have never had sexual intercourse
    b. I have had sexual intercourse, but not during the past 3 months
    c. 1 person
    d. 2 people
    e. 3 people
    f. 4 people
    g. 5 people
    h. 6 or more people

61. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

    a. I have never had sexual intercourse
    b. Yes
    c. No

62. The **last time** you had sexual intercourse, did you or your partner use a condom?

    a. I have never had sexual intercourse
    b. Yes
    c. No

63. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

    a. I have never had sexual intercourse
    b. No method was used to prevent pregnancy
    c. Birth control pills
    d. Condoms
    e. Withdrawal
    f. Some other method
    g. Not sure

64. How many times have you been pregnant or gotten someone pregnant?

    a. 0 times
    b. 1 time
    c. 2 or more times
    d. Not sure

The next six questions ask about body weight.

65. How do **you** describe your weight?

    a. Very underweight
    b. Slightly underweight
    c. About the right weight
    d. Slightly overweight
    e. Very overweight

66. Which of the following are you trying to do about your weight?

    a. **Lose** weight
    b. **Gain** weight
    c. **Stay** the same weight
    d. I am **not trying to do anything** about my weight

67. During the past 30 days, did you **diet** to lose weight or to keep from gaining weight?

    a. Yes
    b. No

68. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

- a. Yes
- b. No

69. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- a. Yes
- b. No

70. During the past 30 days, did you **take diet pills** to lose weight or to keep from gaining weight?

- a. Yes
- b. No

The next five questions ask about food you ate yesterday. Think about all meals and snacks you ate yesterday from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

71. Yesterday, how many times did you eat fruit or vegetables or drink fruit or vegetable juice?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 times
- e. 4 times
- f. 5 times
- g. 6 or more times

72. Yesterday, how many times did you eat hot dogs, sausage, deep-fried chicken or fish, french fries or chips such as potato chips?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 times
- e. 4 times
- f. 5 times
- g. 6 or more times

73. Yesterday, how many times did you eat cookies, doughnuts, pie, or cake?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 times
- e. 4 times
- f. 5 times
- g. 6 or more times

74. Yesterday, how many times did you drink milk or eat cheese or yogurt?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 times
- e. 4 times
- f. 5 times
- g. 6 or more times

75. Yesterday, how many times did you eat bread, pasta, cereal, rice or crackers?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 times
- e. 4 times
- f. 5 times
- g. 6 or more times

The next four questions ask about physical activity.

76. On how many of the past 7 days did you exercise or participate in sports activities for at least 20 minutes **that made you sweat and breathe hard**, such as basketball, jogging, swimming laps, tennis, fast bicycling, or similar aerobic activities?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

77. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

a. 0 days
b. 1 day
c. 2 days
d. 3 days
e. 4 days
f. 5 days

78. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

a. I do not take PE
b. Less than 10 minutes
c. 10 to 20 minutes
d. 21 to 30 minutes
e. More than 30 minutes

79. During the past 12 months, on how many sports teams did you play? (Do not include PE classes.)

a. 0 teams
b. 1 team
c. 2 teams
d. 3 or more teams

The next six questions ask about health care.

80. During the past 12 months, was there any time when you wanted or needed health care or advice **but did not get it**?

a. Yes
b. No
c. Don't know

81. **If you did not get** health care or advice you wanted or needed in the past 12 months, which was the most important reason, **besides your ability to pay**?

a. I did get all the health care and advice I wanted
b. No reason besides not being able to pay
c. Didn't know where to go
d. Difficulty getting transportation
e. Didn't know how to make an appointment
f. Couldn't get an appointment at convenient time
g. Afraid or embarrassed to have anyone know
h. Something else

82. Is there a particular clinic, health center, doctor's office or other place that you usually go if you are sick or need advice about your health?

a. Yes
b. No
c. Don't know

83. During the past 12 months, where did you **most recently** receive any health care, check-up, or treatment?

a. Had no health care, check-up or treatment in the past 12 months
b. School
c. Doctor's office or clinic (not in a hospital)
d. Public clinic or community clinic
e. Hospital or hospital clinic
f. Hospital emergency room
g. Other
h. Don't know

84. Suppose you wanted advice or help from a doctor or nurse for a possible sexually transmitted disease or for pregnancy prevention. Where would you go first?

a. School
b. Doctor's office or clinic (not in a hospital)
c. Public clinic or community clinic
d. Hospital or hospital clinic
e. Hospital emergency room
f. Other
g. Don't know

85. Suppose a friend wanted professional help for suicidal thoughts or a drug problem. Who would you recommend first?

a. Teacher
b. School counselor, school nurse, school psychologist or school social worker
c. Other counselor, psychologist or social worker
d. Religious leader
e. Doctor, clinic or nurse
f. Using family, friends or peer helpers and avoiding a professional
g. Other
h. Don't know

The next 13 items are general questions about you. A few questions refer to your parents. In this survey "parents" means the adults who are most responsible for raising you. They could be foster parents, step-parents or guardians. If you live in a single parent family, answer for that adult.

86. At school I try hard to do my best work.

a. Strongly agree
b. Agree
c. Not sure
d. Disagree
e. Strongly disagree

87. How important is it to you to help other people?

a. Not important
b. Somewhat important
c. Quite important
d. Extremely important

88. I care about people's feelings.

a. Strongly agree
b. Agree
c. Not sure
d. Disagree
e. Strongly disagree

89. I stand up for my beliefs.

a. Strongly agree
b. Agree
c. Not sure
d. Disagree
e. Strongly disagree

90. I am good at making decisions and following through on them.

a. Strongly agree
b. Agree
c. Not sure
d. Disagree
e. Strongly disagree

91. When I am an adult I think I will be successful in whatever I choose to do.

a. Strongly agree
b. Agree
c. Not sure
d. Disagree
e. Strongly disagree

92. My family loves me and gives me help and support when I need it.

a. Strongly agree
b. Agree
c. Not sure
d. Disagree
e. Strongly disagree

93. If you had an important question about your life, how many adults do you know (not counting your parents) to whom you would feel comfortable going for help?

a. None
b. 1 adult
c. 2 adults
d. 3 adults
e. 4 adults
f. 5 adults or more

94. My teachers really care about me and give me a lot of encouragement.

a. Strongly agree
b. Agree
c. Not sure
d. Disagree
e. Strongly disagree

95. My parents have clear rules and standards for my behavior.

a. Strongly agree
b. Agree
c. Not sure
d. Disagree
e. Strongly disagree

96. How often do your parents ask where you are going or with whom you will be?

a. All the time
b. Most of the time
c. Some of the time
d. Seldom or never

97. In an average week, how many hours do you spend in volunteer work, religious activities, clubs, teams and other organizations both at school and away from school?

a. 0 hours
b. 1 to 2 hours
c. 3 to 5 hours
d. 6 to 10 hours
e. 11 or more hours

98. In an average week, how many hours do you spend working at a job for which you receive a paycheck?

a. 0 hours
b. 1 to 9 hours
c. 10 to 17 hours
d. 18 to 24 hours
e. 25 or more hours

Appendix B – Index Construction

Indices were constructed as a simple count of the number of risky behaviors students engaged in within a given set of possible behaviors. Indices ranged from as few as two possible behaviors (for health care access and weapons use) to as many as 11 (for drug use).

The vehicle safety index aggregates six behaviors: seatbelt nonuse, motorcycle helmet nonuse, bicycle helmet nonuse, riding with a driver who has been drinking, or driving after drinking. Behaviors were considered risky if: 1) they reported wearing seatbelts less than "always" or "most of the time", 2) they reported riding a motorcycle in the past 12 months and wearing motorcycle helmets less than "always" or "most of the time", 3) they reported riding a bicycle in the past 12 months and wearing motorcycle helmets less than "always" or "most of the time", 4) they reported riding with a driver who had been drinking at least once in the past 30 days, and 5) they reported driving a vehicle after they had been drinking at least once in the past 30 days.

The weapons use index aggregates two behaviors: carrying any weapon in the past 30 days, and carrying a gun in the past 30 days. Behaviors were considered risky if they reported either of these behaviors at all in the past 30 days.

The violence index aggregates 10 behaviors including: being threatened or hurt with a weapon, being involved in a physical fight in the past 12 months, receiving an injury in a fight within the past 12 months that required medical attention, having been threatened or hurt because someone thought you were gay, lesbian, or bisexual, having been threatened or hurt because of your race, having been forced to engage in sexual activity, having ever been sexually harassed, having been hit or slapped by a date, feeling safe from physical harm at school and feeling safe from physical harm on the way to or from school. Students were considered at risk if they reported any of these occurrences within the given time period or if they reported "not feeling safe" at school or on the way to or from school.

The suicide index aggregates three behaviors including: having seriously thought about committing suicide in the past 12 months, having attempted suicide in the past 12 months, and having received injuries that required medical attention as the result of a suicide attempt in the past 12 months.

The tobacco use index aggregates five behaviors including: having an adult smoker in the house, having ever smoked a whole cigarette, frequency of smoking, number of cigarettes smoked per day[36], and having used any chewing tobacco in the past 12 months. Students who had smoked at all in the past 30 days received a single risk factor for this behavior while students who smoked on each of the past 30 days received two risk factors on the index. Students who smoked a half pack of cigarettes or more on the days when they smoked were considered at risk for this behavior.

The alcohol use index aggregated three behaviors including: having ever had an alcoholic beverage, having had an alcoholic beverage in the past 30 days, and having had five or more drinks at one occasion at least once in the past 30 days.

The drug use index aggregated 11 behaviors including: having ever used marijuana, having used marijuana more than once or twice in one's lifetime, having used marijuana in the past 30 days, having ever used any form of cocaine, having used any form of cocaine more than once or twice in one's lifetime, having used any form of cocaine in the past 30 days, having ever used crack or freebase cocaine in one's lifetime, having ever used steriods without a prescription in one's lifetime, having ever used LSD in one's lifetime, and having ever injected an illegal drug in one's lifetime.

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[36] On those days when the student smoked.

The sexual activity index aggregated seven behaviors including: having ever had sexual intercourse, having had sexual intercourse for the first time under the age of 14, having had three of more sexual partners in one's lifetime, having had two or more sexual partners in the past three months, having used drugs or alcohol before one's most recent sexual experience, having not used a condom during one's most recent sexual experience, and having not used a reliable form of birth control during one's most recent sexual experience.

The exercise index aggregated four behaviors including: having exercised hard fewer than three days in the past week, having had physical education classes on fewer than three days per average school week, having exercised for 20 minutes or less during the average PE class, and having been on no team sports in the past year.

The dieting index aggregated three behaviors including: body image, using laxatives or vomiting to lose weight in the past 30 days, and using diet pills to lose weight in the past 30 days. Students received one risk factor on the index if they reported their weight as either "slightly" over- or underweight and two risk factors if they reported being "very" over- or under weight.

The nutrition index included measures of the number of times students reported eating each of four classes of food on the previous day including: fruits, vegetables and juices; hot dogs, sausage, fried chicken, French fries, etc.; milk, yogurt or cheese; and cookies, doughnuts, pie or cake. Students were considered at risk if they had fewer than five servings of the first group, more than one serving of the second, fewer than three of the third group, and more than one serving of the fifth group. No risk factor information was included regarding servings of bread, grains and pastas because of ambiguities in question wording and responses. Care should be taken in interpreting this index because of possible biases and inaccuracies introduced in the question wording.

The health care access index aggregated two occurrences including: having not received needed or wanted health care in the past 12 months, and not having a regular medical provider for health care or advice.

The social support index aggregated six social supports including: having a loving and supportive family[37], having caring and supportive teachers, having clearly defined rules and expectations from parents, having parents who "always" or "usually" ask where the student is going and who they will be with, having at least one adult other than parents that the student can turn to for help, and volunteering at least one hour per week in a religious or charitable organization.

The positive values index aggregated six beliefs that students held about themselves or attitudes they had including: trying hard at school, the importance of helping others, caring about other people's feelings, having the ability to make decisions and follow through on them, standing up for one's beliefs, and believing that one will be a success as an adult. Students were considered to have these positive traits if they "strongly" or "somewhat" agreed to the statement.

The total risk factor index was computed by adding the scores of each of the 12 risk factor group indices together. The total assets index was computed by adding the scores of the assets and beliefs indices together.

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[37] Students were considered to have the each of the first three if they either "strongly" or "somewhat" agreed with the statement.

Appendix C – Tables

Weapons Carrying

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
How many days in the past 30 did you carry a weapon?	O days	95	75	82	86	87	85	85
	1 day	1	5	5	2	3	3	3
	2 or 3 days	2	7	5	5	4	3	4
	4 or 5 days	0	2	2	0	2	0	1
	6 or more days	2	11	7	7	5	8	6
How many days in the past 30 did you carry a gun?	O days	99	90	94	94	95	95	94
	1 day	1	3	2	3	1	0	2
	2 or3 days	0	3	1	2	1	2	2
	4 or 5 days	0	1	1	0	0	2	1
	6 or more days	0	3	2	1	2	1	2
How many days in the past 30 did you carry a weapon on school property	O days	97	92	94	93	96	95	95
	1 day	1	2	1	2	2	1	1
	2 or 3 days	1	2	1	3	1	1	1
	4 or 5 days	0	1	1	0	0	0	0
	6 or more days	1	4	2	2	1	3	2
Table Total		100	100	100	100	100	100	100

Weighted percentage of students responding in each category by sex, grade, and race.

Vehicle Safety

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
How often do you wear a seatbelt when riding with someone	Never	6	14	10	12	9	10	10
	Rarely	12	20	16	15	20	15	16
	Sometimes	20	18	24	19	19	13	19
	Most of the time	33	25	30	29	26	30	29
	Always	28	23	20	26	26	32	25
In the past 12 months, how often did you wear a helmet when riding a motorcycle(a)	Never	19	27	25	20	25	26	24
	Rarely	7	10	8	9	10	10	9
	Sometimes	5	9	8	6	10	7	8
	Most of the time	13	17	13	19	10	22	16
	Always	55	36	45	46	46	34	43
In the past 12 months, how often did you wear a helmet when riding a bike(b)	Never	87	87	84	91	88	85	87
	Rarely	5	6	9	2	6	5	6
	Sometimes	2	3	3	2	1	4	3
	Most of the time	4	2	2	3	4	2	3
	Always	2	3	2	2	1	4	2
How many times in the past 30 days did you ride with a driver who had been drinking alcohol	O times	64	64	64	64	65	63	64
	1 time	14	11	14	13	11	12	13
	2 or 3 times	13	15	13	14	14	16	14
	4 or 5 times	3	3	3	2	4	4	3
	6 or more	5	7	6	6	6	6	6
How many times in the past 30 days did you drive after drinking alcohol	0 times	87	81	90	88	80	76	84
	1 time	7	7	3	6	10	10	7
	2 or 3 times	3	7	3	3	7	9	5
	4 or 5 times	1	1	2	0	1	2	1
	6 or more	1	4	2	2	2	3	2
Table Total		100	100	100	100	100	100	100

Weighted percentage of students reponding in each category by sex, grade, and race.

a. Weighted percentage of studenis who had riden a motorcycle in the past 12 months.

b. Weighted percentage of students who had riden a bicycle in the past 12 months.

Physical Fighting

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
How many times in the past 12 months have you been in a physical fight	0 times	75	58	60	60	73	73	66
	1 time	11	16	15	15	13	12	14
	2 or 3 times	9	14	14	14	10	6	12
	4 or 5 times	2	5	5	3	2	4	3
	6 or 7 times	0	1	1	1	0	1	1
	8 or 9 times	1	1	0	2	0	2	1
	10 or 11 times	0	0	1	0	0	0	0
	12 or more	2	4	4	5	1	2	3
How many times in the past 12 months did you receive an injury in fight that required medical attention	0 times	97	96	97	95	99	96	97
	1 time	2	3	2	5	1	2	3
	2 or 3 times	1	0	1	1	0	1	1
	4 or 5 times	0	0	0	0	0	0	0
	6 or more	0	0	0	0	0	0	0
How many times in the past 12 months have you been in a physical fight on school property	0 times	92	81	83	83	91	90	87
	1 time	5	13	11	11	6	6	9
	2 or 3 times	2	5	5	4	3	2	4
	4 or 5 times	0	0	0	0	0	1	0
	6 or 7 times	0	0	0	0	0	0	0
	8 or 9 times	1	0	0	1	0	1	0
	10 or 11 times	0	0	0	0	0	0	0
	12 or more	0	0	1	0	0	0	0
With whom did you fight in your last fight(a)	Stranger	6	13	10	9	11	13	10
	Friend	30	45	38	38	35	47	39
	Boy/girl friend	5	2	2	3	5	4	3
	Family member	43	14	29	26	26	19	25
	Not listed	10	18	13	16	18	11	15
	More than one	6	8	9	8	6	5	7
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who responded in each category by sex, grade, and race.

a. Weighted percentage of students who reported being in a physical fight in the past 12 months.

Threats and Safety

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
How many times in the past 12 months have you been threatened or injured with a weapon on school property	0 times	94	91	92	90	93	95	92
	1 time	3	4	4	5	3	2	3
	2 or 3 times	2	2	2	2	3	1	2
	4 or 5 times	1	2	1	2	0	3	1
	6 or 7 times	0	1	1	1	0	0	0
	8 or 9 times	0	0	0	0	0	0	0
	10 or 11 times	0	0	0	0	0	0	0
	12 or more	0	0	1	0	0	0	0
Have you ever been threatened or hurt because of your race	Yes	8	10	9	13	6	11	9
	No	88	85	87	82	91	86	86
	Not sure	4	5	5	6	3	3	4
How many times in the past 12 months did you stay home from school because you felt unsafe	0 times	97	96	96	95	98	98	97
	1 time	2	1	2	2	1	0	1
	2 or 3 times	1	1	1	2	1	0	1
	4 or 5 times	0	1	0	0	0	1	0
	6 or more	0	1	1	1	0	1	1
How often do you feel safe from physical harm at school	Always	50	53	43	46	56	65	51
	Usually	48	43	53	50	42	32	45
	Dont feel safe	3	4	4	4	1	3	3
How often do you feel safe from harm on the way to or from school	Always	60	69	56	58	70	78	64
	Usually	38	28	40	38	29	21	33
	Dont feel safe	3	3	4	4	1	2	3
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who responded in each category by sex, grade, and race

Suicide

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
Have you seriously considered commiting suicide in the past 12 months	Yes	28	20	25	27	26	17	24
	No	72	80	75	73	74	83	76
Did any suicide attempt in the past 12 months result in an injury	No attempt	80	81	77	79	83	85	80
	Yes	5	3	5	5	4	2	4
	No	16	15	18	16	13	14	16
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who responded in each category by sex, grade, and race

Smoking

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
At what age did you smoke your first whole cigarette	Never	48	41	48	47	41	37	44
	8	3	6	5	5	3	3	4
	9 or 10	3	11	9	8	7	3	7
	11 or 12	13	13	15	10	11	14	13
	13 or 14	20	19	21	18	20	20	20
	15 or 16	11	8	1	10	14	15	9
	17 or older	2	3	0	1	2	9	3
On how many days in the past 30 did you smoke	0 days	68	60	69	68	58	60	64
	1 or 2 days	6	6	8	7	7	2	6
	3 to 5 days	4	4	5	4	4	4	4
	6 to 9 days	2	3	3	3	1	4	3
	10 to 19 days	4	4	3	3	6	3	4
	20 to 29 days	4	4	3	4	3	6	4
	All 30 days	11	19	9	12	21	21	16
How many cigarettes did you smoke on the days you smoked(a)	< 1	14	15	23	18	11	6	15
	1	17	11	15	17	10	12	13
	2 to 5	38	35	40	32	37	36	36
	6 to 10	17	16	9	19	19	19	17
	11 to 20	12	18	9	11	19	22	16
	More than 20	1	5	4	2	3	4	3
How many days in the past 30 did you smoke on school property?	1	58	48	58	55	43	54	52
	2	12	13	18	17	10	9	13
	3	5	8	3	7	8	11	7
	4	3	4	3	2	6	2	3
	5	7	8	4	8	7	10	7
	6	6	5	4	4	10	5	6
	7	8	14	11	7	15	10	11
Have you ever tried to quit smoking	Yes	36	35	39	34	36	31	35
	No	64	65	61	66	64	69	65
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who responded in each category by sex, grade, and race.

a. Weighted percentage of students who reported smoking in the past 30 days.

Smoking and Tobacco Use

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
Do any adults in your household smoke	Yes	39	42	40	44	40	37	41
	No	61	58	60	56	60	63	59
How did you get your cigarettes in the past 30 days(a)	Store	29	36	11	12	35	72	33
	Vending machine	1	1	4	1	1	0	1
	Someone else	33	25	29	39	31	12	28
	Borrowed	25	24	31	32	23	11	24
	Stole	2	5	8	3	1	2	3
	Other	10	9	17	13	9	3	10
Were you asked for proof of age when buying cigarettes in a store(a)	Yes	44	50	17	43	33	69	48
	No	56	50	83	57	67	31	52
On how many days in the past 30 did you use chewing tobacco or snuff	0 days	97	81	92	91	86	85	89
	1 or 2 days	2	6	3	4	5	6	4
	3 to 5 days	0	3	1	2	1	3	2
	6 to 9 days	0	2	0	1	2	2	1
	10 to 19 days	0	3	1	1	1	2	1
	20 to 29 days	0	3	1	1	3	1	1
	All 30 days	0	3	2	1	2	1	2
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who responded in each category by sex, grade, and race.

a. Weighted percentage of students who reported smoking cigarettes in the past 30 days.

Alcohol Use

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
At what age did you have you first drink of alcohol	Never	26	19	33	24	16	15	23
	8	9	14	13	13	11	8	11
	9 or 10	4	7	9	6	6	1	6
	11 or 12	10	13	16	12	8	9	11
	13 or 14	28	26	28	28	25	27	27
	15 or 16	19	17	2	15	32	27	18
	17 or older	4	3	0	1	2	13	4
On how many of the past 30 days did you have at least one drink of alcohol	0 days	54	45	57	53	47	39	49
	1 or 2 days	22	21	20	19	25	23	22
	3 to 5 days	12	13	11	12	11	18	13
	6 to 9 days	6	12	6	9	10	11	9
	10 to 19 days	4	6	2	6	5	7	5
	20 to 29 days	1	1	1	1	1	2	1
	All 30 days	0	2	2	0	1	0	1
On how many of the past 30 days did you have five or more alcoholic drinks at one time	0 days	74	64	76	71	68	60	69
	1 or 2 days	10	10	7	10	10	12	10
	3 to 5 days	6	9	7	8	7	9	8
	6 to 9 days	6	8	6	5	7	11	7
	10 to 19 days	3	6	[illegible]	4	5	6	4
	20 to 29 days	2	2	1	3	2	2	2
	All 30 days	0	1	2	0	1	0	1
On how many days in the past 30 did you have at least one drink of alcohol on school property	0 days	97	95	95	96	97	96	96
	1 or 2 days	2	4	2	4	2	2	3
	3 to 5 days	0	0	1	0	0	0	0
	6 to 9 days	0	0	1	0	0	1	0
	10 to 19 days	0	0	1	0	0	0	0
	20 to 29 days	0	0	0	0	0	0	0
	All 30 days	0	0	1	0	0	0	0
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who responded in each category by sex, grade, and race.

Marijuana Use

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
At what age did you first use marijuana	Never	69	60	70	65	63	56	64
	8	1	2	2	3	0	0	1
	9 or 10	1	3	2	2	2	2	2
	11 or 12	4	5	7	6	2	2	5
	13 or 14	12	17	17	16	14	10	15
	15 or 16	12	11	2	8	19	21	11
	17 or older	3	2	0	0	1	8	2
How many times in your life have you used marijuana	Never	69	60	70	65	63	57	64
	1 or 2 times	5	8	6	5	7	9	7
	3 to 9 times	8	6	7	6	6	10	7
	10 to 19 times	4	3	4	3	3	5	4
	20 to 39 times	3	5	2	6	4	4	4
	40 to 99 times	3	6	3	5	6	5	5
	100 or more	7	12	7	10	11	10	10
How many times in the past 30 days have you used marijuana	O times	83	76	82	78	79	76	79
	1 or 2 times	7	7	6	7	6	9	7
	3 to 9 times	5	6	4	6	6	6	5
	10 to 19 times	3	5	3	4	5	2	4
	20 to 39 times	2	4	3	2	2	4	3
	40 or more	1	3	2	3	2	2	2
How many times in the past 30 days have you used marijuana on school property	Never	95	90	94	92	92	93	93
	1 or 2 times	3	4	1	5	5	3	4
	3 to 9 times	1	2	2	2	1	1	2
	10 to 19 times	1	1	1	1	1	1	1
	20 to 39 times	0	1	1	0	1	1	1
	40 or more	1	1	1	0	0	1	1
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who reponded in each category by sex, grade, and race.

Cocaine Use

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
At what age did you first use any form of cocaine	Never	95	91	93	93	94	92	93
	8	0	1	1	0	0	0	0
	9 or 10	0	0	0	1	0	0	0
	11 or 12	0	0	1	0	0	1	0
	13 or 14	2	2	3	2	0	0	2
	15 or 16	2	4	2	3	5	2	3
	17 or older	0	1	0	0	0	4	1
How many times in your life have you ever used any form of cocaine	Never	95	91	94	93	94	92	93
	1 or 2 times	2	3	3	3	1	3	2
	3 to 9 times	1	3	1	1	3	2	2
	10 to 19 times	1	1	0	1	2	0	1
	20 to 39 times	0	1	1	1	0	0	0
	40 or more	1	1	1	1	0	2	1
How many times in the past 30 days have you used any form of cocaine	Never	98	95	96	97	97	97	97
	1 or 2 times	1	2	2	2	1	1	1
	3 to 9 times	0	1	1	1	1	0	1
	10 to 19 times	0	1	0	0	1	0	0
	20 to 39 times	1	0	0	0	0	1	0
	40 or more	0	1	1	0	0	1	0
How many times in your life have you used crack or freebase forms of cocaine	Never	98	94	96	95	96	96	96
	1 or 2 times	1	4	2	3	3	2	2
	3 to 9 times	0	1	0	1	1	1	1
	10 to 19 times	0	0	1	0	0	0	0
	20 to 39 times	1	0	0	1	0	1	0
	40 or more	0	1	1	0	0	0	0
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who reponded in each category by sex, grade, and race.

Other Drug Use

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
How many times in your life have you sniffed glue or inhaled fumes to get high	Never	85	83	82	83	84	88	84
	1 or 2 times	8	8	8	8	9	7	8
	3 to 9 times	4	4	4	3	4	4	4
	10 to 19 times	1	1	1	3	0	0	1
	20 to 39 times	1	1	2	1	1	0	1
	40 or more	1	2	3	1	2	0	2
How many times in your life have you taken steroids without a doctors prescription	Never	98	95	95	96	97	96	96
	1 or 2 times	1	1	1	1	1	1	1
	3 to 9 times	1	1	1	2	0	2	1
	10 to 19 times	0	1	1	1	0	0	0
	20 to 39 times	0	1	1	0	1	1	1
	40 or more	0	0	1	0	0	1	0
How many times in your life have you used LSD or acid	Never	92	87	92	90	87	86	89
	1 or 2 times	5	5	4	5	4	6	5
	3 to 9 times	1	3	2	1	3	4	2
	10 to 19 times	1	2	1	3	2	2	2
	20 to 39 times	0	1	0	0	2	1	1
	40 or more	1	2	2	2	2	1	2
How many times in you life have you used a needle to inject illegal drugs into your body	O times	99	98	97	98	99	98	98
	1 time	0	1	0	1	0	0	0
	2 or more	1	2	2	1	1	2	1
Has anyone offered, sold, or given you illegal drugs on school property in the past 12 months	Yes	25	31	28	28	28	28	28
	No	75	69	72	72	72	72	72
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who responded in each category by sex, grade, and race.

AIDS Education and Sexual Activity

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
Have you ever been taught about HIV or AIDS at school	Yes	92	90	90	88	91	94	91
	No	5	6	5	7	6	4	6
	Not sure	4	4	5	5	3	3	4
Have you ever talked about HIV or AIDS with a parent or other adult in your family	Yes	59	49	52	54	53	57	54
	No	36	45	40	39	41	40	40
	Not sure	5	6	7	6	6	3	6
Have you ever had sexual intercourse	Yes	39	44	27	35	45	62	41
	No	61	56	73	65	55	38	59
How old were you when you first had sexual intercourse	Never	61	56	72	65	55	38	59
	11 or younger	2	3	5	4	1	1	3
	12	2	3	5	4	2	0	3
	13	3	6	5	5	3	5	5
	14	7	7	10	7	6	5	7
	15	10	10	3	12	13	12	10
	16	9	10	0	3	16	22	9
	17 or older	5	5	0	1	4	16	5
How many sex partners have you had in your life(a)	1	42	43	41	39	47	43	42
	2	17	20	16	21	19	19	19
	3	11	11	12	14	12	7	11
	4	6	5	3	3	6	7	5
	5	8	3	3	6	2	8	5
	6 or more	15	19	25	18	13	15	17
How many sex partners have you had in the past 3 months(a)	Not in 3 months	21	38	32	44	27	25	31
	1	68	47	47	51	60	64	57
	2	7	6	6	2	11	6	7
	3	3	3	3	3	1	5	3
	4	1	0	1	0	0	1	0
	5	0	2	4	0	1	0	1
	6 or more	0	2	7	0	0	0	1
Did you use drugs or alcohol before the last time you had sex	Yes	21	28	32	28	27	17	25
	No	79	72	68	72	73	83	75
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who responded in each category by sex, grade, and race.

a. Weighted percentage of students who had ever had sexual intercourse.

Sexual Activity and Birth Control

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
Did you use a condom the last time you had sex(a)	Yes	56	63	60	66	55	60	60
	No	44	37	40	34	45	40	40
What form of birth control did you use the last time you had sex(a)	No method	14	12	22	15	15	5	13
	Pills	20	18	7	10	20	32	19
	Condoms	48	54	52	60	50	47	51
	Withdrawal	13	7	9	9	8	11	10
	Other	4	5	3	3	6	4	4
	Not sure	1	3	7	2	1	0	2
Birth control methods combined(a)	Withdrawal, none, or not sure	28	22	38	27	24	16	25
	Condom or bc pills	68	73	58	70	70	79	71
	Other	4	5	3	3	6	4	4
How many times have you been or gotten someone pregnant	O times	94	95	95	94	95	94	95
	1 time	4	3	2	5	4	4	4
	2 or more	1	1	2	0	1	1	1
	Not sure	0	1	1	1	0	1	1
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who responded in each category by sex, grade, and race.

a. Weighted percentage of students who had ever had sexual intercourse.

Sexual Violence

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
Have you ever been threatened or hurt because someone thought you were gay, lesbian or bisexual	Yes	3	6	7	3	3	3	4
	No	91	88	85	93	90	91	90
	Not sure	6	6	7	4	7	6	6
have you ever been sexually harassed at school	Yes	34	10	23	22	20	23	22
	No	54	82	66	67	69	72	68
	Not sure	12	7	11	11	11	5	10
Have you ever been hit, kicked, slapped or threatened by a date	Never dated	12	10	13	13	11	6	11
	Yes	13	14	13	11	11	20	14
	No	74	74	73	73	77	73	74
	Not sure	1	2	2	2	0	1	1
Have you ever verbally or physically forced someone to have sex	Never had sex	34	29	41	32	32	18	31
	Yes	2	5	6	3	3	2	3
	No	63	64	52	64	64	78	63
	Not sure	1	2	2	1	2	2	2
Have you ever been verbally or physically forced to have sex	Never had sex	36	32	45	34	34	19	34
	Yes	12	4	8	10	6	9	8
	No	47	61	43	53	56	67	54
	Not sure	4	3	4	3	3	5	4
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who responded in each category by sex, grade, and race.

Health Care Access and Use

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
Was there any time in the past 12 months when you wanted or needed health care or advice but did not get it	Yes	24	13	15	15	26	18	19
	No	69	78	74	76	66	76	73
	Not sure	7	9	10	9	8	6	8
Aside from your ability to pay, what was the reason for not getting health care(a)	No reason	10	16	14	15	13	4	12
	Didnt know where to go	10	13	2	22	12	7	11
	No transportation	7	2	4	1	8	4	5
	Didnt know how	1	4	0	2	6	2	3
	No good time	10	4	8	8	8	9	8
	Afraid	23	9	19	16	10	27	17
	Something else	39	51	52	36	42	46	43
Is there a particular clinic, health center, doctors office or other place you usually go if you are sick or need advice about your health	Yes	85	76	80	74	83	87	80
	No	10	20	15	19	14	11	15
	Not sure	6	4	6	8	3	2	5
Where did you go for your last health care, check-up or treatment	No checkup	8	20	12	18	16	9	14
	School	2	3	2	4	3	1	2
	Doctors office	63	18	59	53	50	60	55
	Public clinic	7	6	7	5	7	7	6
	Hospital	12	13	10	11	14	14	12
	Emergency room	4	3	3	3	5	4	4
	Other	2	3	3	3	2	2	3
	Dont know	2	4	4	3	3	2	3
Where whould you go first for advice or help with an STD	School	6	6	7	8	4	4	6
	Doctors office	36	33	32	33	33	41	34
	Public Clinic	19	12	10	15	18	20	15
	Hospital	9	11	10	11	11	9	10
	Emergency room	0	1	1	2	0	0	1
	Other	12	10	16	11	9	8	11
	Dont know	17	28	24	20	25	19	22
Where would you recommend a friend go for help with suicidal thoughts or a drug problem	Teacher	5	6	9	3	5	4	5
	School counselor	39	28	34	41	27	29	33
	Other counselor	18	13	12	15	16	20	15
	Religious leader	4	6	5	4	5	4	5
	Doctor	4	6	6	5	3	5	5
	Family member	20	22	17	19	27	21	21
	Other	4	6	5	4	6	5	5
	Dont know	8	13	12	7	12	11	11
Table Total		100	100	100	100	100	100	100

Weighted percentage of students who responded in each category by sex, grade, and race.

a. Weighted percentage of students who said there was a time in the past 12 months when they did not receive the health care they needed or wanted.

Body Image and Attempts to Change Weight

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
How would you describe your weight	Very underweight	1	3	3	3	0	1	2
	Slightly underweight	13	16	17	12	15	13	14
	Right weight	50	54	51	51	54	55	52
	Slightly overweight	31	23	23	31	25	30	27
	Very overweight	5	4	6	3	6	2	4
What are you trying to do about your weight	Lose	60	27	43	46	41	42	43
	Gain	4	29	16	17	22	13	17
	Stay	17	20	21	19	17	16	19
	Not doing anything	18	24	20	18	20	29	21
During the past 30 days did you diet to lose or keep from gaining weight	Yes	45	18	32	34	26	30	31
	No	55	82	68	66	74	70	69
During the past 30 days did you exercise to lose or keep from gaining weight	Yes	67	38	56	59	43	49	52
	No	33	62	44	41	57	51	48
During the past 30 days, did you take diet pills to lose or keep from gaining weight	Yes	9	3	5	7	7	5	6
	No	91	97	95	93	93	95	94
During the past 30 days did you vomit or take laxatives to lose or keep from gaining weight	Yes	6	3	6	5	3	3	4
	No	94	97	94	95	97	97	96
Table Total		100	100	100	100	100	100	100

Weighted percentages of students responding in each response category by sex, grade, and race.

Physical Activity

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
On how many of the past 7 days did you exercise for at least 20 minutes	0 days	20	14	10	12	24	23	17
	1 day	10	8	8	10	9	10	9
	2 days	12	10	10	12	10	14	11
	3 days	12	15	14	13	13	12	13
	4 days	12	9	9	11	13	9	10
	5 days	17	16	21	20	10	13	16
	6 days	8	8	8	7	7	8	8
	7 days	9	20	19	15	15	10	15
How many days in an average school week do you have physical edcuation (PE) classes	0 days	36	31	25	17	31	67	34
	1 day	1	3	2	3	2	0	2
	2 days	3	6	5	8	2	2	4
	3 days	11	13	13	13	11	10	12
	4 days	1	2	1	2	1	0	1
	5 days	49	45	53	57	52	20	47
How many minutes of exercise do you get per PE class	No PE	31	25	20	13	25	61	28
	< 1O minutes	2	3	3	3	2	2	3
	20-Oct	15	15	15	19	19	6	15
	21-30	28	22	30	29	24	14	25
	> 30	23	35	32	36	30	17	29
How many teams have you played on in the past 12 months	None	43	33	35	37	41	41	38
	1 team	26	23	22	24	25	26	24
	2 teams	16	18	20	17	15	15	17
	3 or more	15	27	24	22	19	18	21
Table Total		100	100	100	100	100	100	100

Weighted percentages of students responding in each response category by sex, grade, and race.

Diet and Nutrition

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
How many times yesterday did you eat vegatables or fruit or drink vegatable or fruit juice	0 times	13	16	12	13	20	14	15
	1 time	21	22	22	21	21	23	21
	2 times	26	28	25	26	31	25	27
	3 times	21	17	19	20	16	19	19
	4 times	12	10	12	11	9	12	11
	5 times	5	1	4	2	2	3	3
	6 or more	4	5	6	6	1	5	5
How many times yesterday did you eathot dogs, sausage, fried chicken, french fries, etc	0 times	37	25	30	32	30	32	31
	1 time	38	39	34	37	42	40	38
	2 times	16	20	18	19	14	19	18
	3 times	6	10	10	7	9	8	8
	4 times	1	4	3	1	5	1	3
	5 times	0	1	1	1	1	0	1
	6 or more	1	2	3	2	1	1	2
How many times yesterday did you drink milk or eat yogurt or cheese	0 times	13	9	12	11	10	10	11
	1 time	26	20	18	26	26	22	23
	2 times	26	25	25	20	29	29	26
	3 times	21	22	20	23	19	25	21
	4 times	8	13	13	10	11	8	11
	5 times	3	5	5	4	2	2	4
	6 or more	4	6	7	6	3	3	5
How many times yesterday did you eat bread, pasta, cereal, rice or crackers	0 times	9	7	7	8	11	7	8
	1 time	24	26	20	25	29	27	25
	2 times	26	25	28	24	25	24	26
	3 times	22	23	23	21	21	25	22
	4 times	11	10	12	10	8	11	10
	5 times	4	3	5	5	2	3	4
	6 or more	4	6	5	7	4	4	5
How many times yesterday did you eat cookies, doughnuts, pie or cake	0 times	39	30	33	34	35	37	34
	1 time	33	33	33	35	34	32	33
	2 times	18	19	20	18	18	20	19
	3 times	6	11	9	7	8	9	8
	4 times	2	4	4	3	4	2	3
	5 times	0	1	0	2	0	0	1
	6 or more	1	2	2	1	1	1	1
Table Total		100	100	100	100	100	100	100

Weighted percentages of students responding in each response category by sex, grade, and race.

Social Support

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
How often do your parents ask where you are going or with whom you will be	All the time	64	50	59	59	56	53	57
	Most of the time	24	30	27	27	27	27	27
	Some of the time	8	13	10	10	10	12	10
	Seldom or never	4	7	4	5	6	9	6
My parents have clear rules and standards for my behavior	Stongly agree	35	29	36	32	32	27	32
	Somewhat agree	44	43	45	41	43	46	43
	Not sure	13	14	11	13	14	18	14
	Somwhat disagree	7	10	5	11	10	7	9
	Strongly disagree	1	4	3	3	2	2	3
My family loves me and gives me help and support when I need it	Stongly agree	45	48	50	44	42	50	46
	Somewhat agree	35	34	33	37	35	35	35
	Not sure	11	10	9	11	14	10	11
	Somwhat disagree	6	5	5	6	8	4	6
	Strongly disagree	3	2	3	2	1	2	2
My teachers really care about me and give me lots of encouragement	Stongly agree	13	13	15	12	12	16	14
	Somewhat agree	42	36	37	42	35	42	39
	Not sure	26	30	28	26	30	27	28
	Somwhat disagree	14	11	12	14	14	11	13
	Strongly disagree	5	9	9	6	8	4	7
How many adults, other than parents, would you feel comfortable going to for help	None	13	15	17	14	14	10	14
	1	15	14	12	15	17	13	14
	2	21	21	21	21	22	18	21
	3	15	15	15	15	14	16	15
	4	7	7	6	8	8	7	7
	5 or more	29	28	29	27	25	36	29
How many hours per week do you spend in volunteer work, clubs, teams, religious activities, or other organizations	0 hours	27	39	33	33	34	33	33
	1 to 2	25	24	26	23	27	23	25
	3 to 5	25	19	23	23	16	24	22
	6 to 10	12	9	10	10	14	9	11
	11 or more	10	10	9	10	10	11	10
How many hours per week do you spend working for pay	0 hours	48	44	66	51	35	25	46
	1 to 9	16	16	22	16	14	11	16
	10 to 17	18	17	7	15	24	25	17
	18 to 24	14	12	3	12	14	25	13
	25 or more	5	11	3	5	13	13	8
Table Total		100	100	100	100	100	100	100

Weighted percentages of students responding in each response category by sex, grade, and race

Positive Values

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
At school, I try hard to do my best work	Stongly agree	33	25	33	30	23	27	29
	Somewhat agree	51	44	47	48	51	44	47
	Not sure	9	16	11	12	14	12	13
	Somwhat disagree	6	12	6	7	11	14	9
	Strongly disagree	1	4	3	3	1	3	2
I stand up for my beliefs	Stongly agree	48	45	46	48	42	50	46
	Somewhat agree	45	44	43	43	50	42	44
	Not sure	6	8	8	7	6	7	7
	Somwhat disagree	1	2	2	1	1	1	1
	Strongly disagree	1	1	1	0	1	0	1
I care about people's feelings	Stongly agree	53	32	41	44	42	43	42
	Somewhat agree	40	52	47	42	47	48	46
	Not sure	4	10	7	8	8	4	7
	Somwhat disagree	2	3	2	4	1	3	3
	Strongly disagree	1	3	3	2	2	1	2
I am good at making decisions and following through on them	Stongly agree	23	29	27	27	23	29	26
	Somewhat agree	54	53	51	55	58	51	53
	Not sure	17	12	15	14	14	15	14
	Somwhat disagree	5	4	5	4	5	4	5
	Strongly disagree	1	1	2	1	0	1	1
How important is it to you to help other people	Not important	1	8	7	4	3	2	5
	Somewhat important	19	36	30	29	30	21	28
	Quite important	47	41	41	44	43	49	42
	Extremely important	32	15	22	23	24	28	24
When I am an adult, I think I will be successful in whatever I choose to do	Stongly agree	47	50	50	47	46	52	49
	Somewhat agree	40	36	35	37	42	40	38
	Not sure	10	11	12	12	10	6	11
	Somwhat disagree	2	3	2	3	1	3	2
	Strongly disagree	1	0	1	0	1	0	0
Table Total		100	100	100	100	100	100	100

Weighted percentages of students responding in each response category by sex, grade, and race.

Risk Factor Indices

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
Vehicle Safety Index	2	24	16	14	16	25	25	20
	3	63	61	70	69	55	50	62
	4	12	21	13	14	18	21	16
	5	1	3	2	1	2	3	2
Weapons Index	0	95	75	82	86	87	86	85
	1	4	15	12	9	8	9	10
	2	1	10	6	6	5	5	5
Violence Index	0	44	44	39	43	49	45	44
	1	28	29	31	25	32	27	29
	2	13	15	15	15	11	14	14
	3	8	7	8	10	4	8	8
	4	4	2	4	3	3	3	3
	5	1	2	1	3	0	1	1
	6	1	1	1	1	1	0	1
	7	0			0			0
	8	0	0	1	0			0
	9	0	0	0			1	0
Suicide Index	0	68	71	69	66	70	76	70
	1	15	19	14	19	16	16	17
	2	13	8	13	11	10	7	10
	3	4	2	4	4	3	2	3
Tobacco Index	0	33	25	34	28	30	23	29
	1	26	25	24	30	19	30	26
	2	10	10	11	11	10	7	10
	3	11	10	12	9	11	9	10
	4	9	9	10	8	8	8	9
	5	5	8	3	5	10	8	6
	6	6	11	6	8	11	11	9
	7	1	3	1	0	2	3	2
Alcohol Index	0	28	21	35	25	18	16	24
	1	27	26	23	29	32	24	27
	2	19	18	18	18	19	21	19
	3	26	35	24	28	32	40	30
Drug Index	0	0	0	0				0
	1	0	0	0	1	0		0
	2	63	55	62	60	59	51	58
	3	14	15	14	13	13	20	15
	4	11	13	11	12	14	13	12
	5	5	7	5	5	8	9	6
	6	3	3	3	4	2	3	3
	7	1	2	1	2	1	3	2
	8	1	3	1	3	3	1	2
	9	0	1	1	1	1	1	1
	10	0	0	0	0		1	0
	11	0	1	1				0
Table Total		100	100	100	100	100	100	100

Weighted percentage of students reporting a given number of assets by sex, grade, and race.

Risk Factor Indices

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
Sexual Activity Index	0	63	59	74	68	57	41	61
	1	0	0	0		0		0
	2	11	15	9	9	13	22	13
	3	9	10	4	9	11	17	9
	4	9	8	6	9	10	11	9
	5	5	5	4	4	5	7	5
	6	2	2	1	1	2	2	2
	7	1	1	2		1	0	1
Health Care Index	0	72	72	75	71	69	74	72
	1	25	26	23	26	27	25	25
	2	3	2	2	2	4	1	2
Nutrition Index	0	3	2	3	3	1	3	3
	1	17	19	19	18	15	19	18
	2	53	43	47	50	52	43	48
	3	23	29	25	25	25	30	26
	4	4	7	6	4	7	5	6
Exercise Index	0	22	29	31	31	28	11	26
	1	25	24	30	30	22	15	25
	2	22	26	22	22	22	31	24
	3	18	12	10	11	15	23	15
	4	13	9	7	6	13	19	11
Dieting Index	0	46	53	49	48	51	51	50
	1	41	39	38	42	38	42	40
	2	10	6	10	8	9	5	8
	3	2	2	3	2	2	1	2
	4	0	0	0	0			0
Combined total risk factors index	0 to 10	5	4	5	6	5	2	5
	11 to 15	38	31	41	35	33	25	34
	16 to 20	26	32	28	29	27	33	29
	21 to 25	16	15	13	14	20	17	16
	26 to 30	10	11	8	10	9	17	11
	30 or more	5	7	6	6	6	6	6
Table Total		100	100	100	100	100	100	100

Weighted percentage of students reporting a given number of assets by sex, grade, and race.

Risk Factor Index Averages

	Sex		Grade				
	Female Mean	Male Mean	9th Mean	10th Mean	11th Mean	12th Mean	Table Total Mean
Vehicle Safety Index	2.9	3.1	3	3	3	3	3
Weapons Index	0.1	0.3	0.2	0.2	0.2	0.2	0.2
Violence Index	1.1	1.1	1.2	1.2	0.8	1.1	1.1
Suicide Index	0.5	0.4	0.5	0.5	0.5	0.3	0.5
Tobacco Index	1.8	2.3	1.8	1.9	2.3	2.3	2.1
Alcohol Index	1.4	1.7	1.3	1.5	1.6	1.8	1.6
Drug Index	2.8	3.2	2.9	3	3	3.1	3
Sexual Activity Index	1.3	1.4	1	1.1	1.5	1.9	1.3
Health Care Index	0.3	0.3	0.3	0.3	0.4	0.3	0.3
Nutrition Index	2.1	2.2	2.1	2.1	2.2	2.1	2.1
Exercise Index	1.7	1.5	1.3	1.3	1.6	2.3	1.6
Dieting Index	0.7	0.6	0.7	0.7	0.6	0.6	0.6
Combined total risk factors index	3	3.2	2.9	3	3.1	3.4	3.1

Weighted average of students' risk factors by sex, grade, and race

Asset Indices

		Sex		Grade				
		Female	Male	9th	10th	11th	12th	Table Total
Social Support Index	0	0	1	1	0	0	0	1
	1	1	0	0	1	0	1	1
	2	3	6	5	6	3	5	5
	3	7	9	7	7	12	8	9
	4	16	16	12	16	19	16	16
	5	31	33	34	32	32	29	32
	6	41	34	40	38	33	40	37
Positive Values Index	0	1	1	1	0	0	1	1
	1	0	2	3	1	1	0	1
	2	2	2	3	2	2	1	2
	3	6	6	4	7	5	7	6
	4	9	15	11	13	14	10	12
	5	23	25	24	21	26	27	24
	6	60	49	55	56	53	54	54
Total Assets Index	0 to 5	3	5	6	4	2	4	4
	6 to 8	14	18	13	16	19	15	16
	9 to 11	50	53	51	51	53	50	51
	12	33	24	30	28	26	31	29
Table Total		100	100	100	100	100	100	100

Weighted percentage of students reporting a given number of assets or beliefs by sex, grade, and race.

Asset Averages

	Sex		Grade				Table Total
	Female	Male	9th	10th	11th	12th	
	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Social Support Index	5	4.7	4.9	4.8	4.8	4.9	4.8
Positive Values Index	5.3	5	5.1	5.2	5.2	5.2	5.2
Combined Assets Index	3.1	3	3.1	3	3	3.1	3

Weighted average of students' assets and beliefs by sex, grade, and race.

Appendix D - Year 2000 Objectives

Youth Risk Behavior Survey (YRBS)

BEHAVIORS THAT RESULT IN UNINTENTIONAL AND INTENTIONAL INJURIES

QUESTION(S):

5. How often do you wear a seat belt when **riding in** a car driven by someone else?

RATIONALE:

This question measures the frequency with which students wear seat belts when riding in a motor vehicle. Seat belt use is estimated to reduce motor vehicle fatalities by 40% to 50% and serious injuries by 45% to 55%.[1] Increasing the use of automobile safety restraint systems to 85% could save an estimated 10,000 American lives per year.[2]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

9.3 Reduce deaths caused by motor vehicle crashes to no more than 1.9 per 100 million vehicle miles traveled and 16.8 per 100,000 people.

9.3b Reduce deaths caused by motor vehicle crashes to no more than 33 per 100,000 youth aged 15-24.

9.12‡ Increase use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85% of motor vehicle occupants.

QUESTION(S):

6. During the past 12 months, how many times did you ride a motorcycle?

7. **When you rode a motorcycle** during the past 12 months, how often did you wear a helmet?

8. During the past 12 months, how many times did you ride a bicycle?

9. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?

RATIONALE:

These questions measure the frequency of helmet use while riding motorcycles and bicycles. Head injury is the leading cause of death in motorcycle and bicycle crashes.[3] Unhelmeted motorcyclists are two times more likely to incur a fatal head injury and three times more likely to incur a nonfatal head injury than helmeted riders.[4] In addition, the risk of head injury for unhelmeted bicyclists is more than 6 1/2 times greater than for helmeted riders.[5]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

9.3 Reduce deaths caused by motor vehicle crashes to no more than 1.9 per 100 million vehicle miles traveled and 16.8 per 100,000 people.

9.3b Reduce deaths caused by motor vehicle crashes to no more than 33 per 100,000 youth aged 15-24.

9.3e Reduce deaths caused by motor vehicle crashes to no more than 33 per 100 million vehicle miles traveled and 1.5 per 100,000 motorcyclists.

9.9 Reduce nonfatal head injuries so that hospitalizations for this condition are no more than 106 per 100,000 people.

9.11 Reduce the incidence of secondary disabilities associated with injuries of the head and spinal cord to no more than 16 and 2.6 per 100,000 people, respectively.

9.13‡ Increase use of helmets to at least 80% of motorcyclists and at least 50% of bicyclists.

QUESTION(S):

10. During the past 30 days, how many times did you ride in a car or other vehicle **driven by someone who had been drinking alcohol**?

11. During the past 30 days, how many times did **you** drive a car or other vehicle **when you had been drinking alcohol**?

RATIONALE:

These questions measure the frequency with which students ride as a passenger or driver in a motor vehicle operated under the influence of alcohol or drugs. Motor vehicle crash injuries, approximately half of which involve alcohol,[6] are the leading cause of death among youth aged 15-24 in the United States.[7] Alcohol-related traffic crashes cause serious injury and permanent disability and rank as the leading cause of spinal cord injury among adolescents and young adults.[8]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

4.1 Reduce deaths caused by alcohol-related motor vehicle crashes to no more than 8.5 per 100,000 people.

4.1b Reduce deaths caused by alcohol-related motor vehicle crashes to no more than 18 per 100,000 people aged 15-24.

9.3 Reduce deaths caused by motor vehicle crashes to no more than 1.9 per 100 million vehicle miles traveled and 16.8 per 100,000 people.

9.3b Reduce deaths caused by motor vehicle crashes to no more than 33 per 100,000 youth aged 15-24.

9.10 Reduce nonfatal spinal cord injuries so that hospitalizations for this condition are no more than 5 per 100,000 people.

9.11 Reduce the incidence of secondary disabilities associated with injuries of the head and spinal cord to no more than 16 and 2.6 per 100,000 people, respectively.

QUESTION(S):

12. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?

13. During the past 30 days, on how many days did you carry **a gun**?

RATIONALE:

These questions measure violence-related behaviors. Approximately nine out of ten homicide victims in the United States are killed with a weapon of some type, such as a gun, knife, or club. Homicide is the second leading cause of death among all youth aged 15-24 and is the leading cause of death among black youth aged 15-24.[7] During adolescence, homicide rates increase 15 times, from a negligible rate of 0.9 per 100,000 at age 10 to 13.9 per 100,000 by age 20.[9] The immediate accessibility of a firearm or other lethal weapon often is the factor that turns a violent altercation into a lethal event.[10,11] Firearm-related suicides, which tripled between 1950 and 1980, account for 60% of adolescent and young adult suicides.[12] Unintentional firearm-related fatalities also are a critical problem among children and young adults in the United States.[13]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

6.1* Reduce suicides to no more than 10.5 per 100,000 people. (Also see objective 7.2.)

6.1a* Reduce suicides to no more than 8.2 per 100,000 youth aged 15-19. (Also see objective 7.2a.)

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000 (cont.):

6.2*‡ Reduce by 15% the incidence of injurious suicide attempts among adolescents aged 14-17. (Also see objective 7.8.)

7.1 Reduce homicides to no more than 7.2 per 100,000 people.

7.1b Reduce homicides to no more than 1.4 per 100,000 spouses aged 15-34.

7.1c Reduce homicides to no more than 72.4 per 100,000 black men aged 15-34.

7.1d Reduce homicides to no more than 42.5 per 100,000 Hispanic men aged 15-34.

7.1e Reduce homicides to no more than 16.0 per 100,000 black women aged 15-34.

7.2* Reduce suicides to no more than 10.5 per 100,000 people. (Also see objective 6.1.)

7.2a* Reduce suicides to no more than 8.2 per 100,000 youth aged 15-19. (Also see objective 6.1a.)

7.3 Reduce weapon-related violent deaths to no more than 12.6 per 100,000 people from major causes.

7.6 Reduce assault injuries among people aged 12 and older to no more than 10 per 1,000 people.

QUESTION(S):

14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?

15. During the past 30 days, how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?

17. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on **school property**?

18. During the past 12 months, how many times were you in a physical fight?

19. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

20. During the past 12 months, how many times were you in a physical fight **on school property**?

21. The **last time** you were in a physical fight, with whom did you fight?

RATIONALE:

These questions measure the frequency and severity of physical fights and the persons with whom students fight. Homicide is the second leading cause of death among all youth aged 15-24 and is the leading cause of death among black youth aged 15-24.[7] Nonfatal violence (i.e., fighting) often precedes fatal violence among young persons.[14]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

7.6 Reduce assault injuries among people aged 12 and older to no more than 10 per 1,000 people.

7.9‡ Reduce by 20% the incidence of physical fighting among adolescents aged 14-17.

QUESTION(S):

22. During the past 12 months, did you ever **seriously** consider attempting suicide?

23. During the past 12 months, did you make a plan about how you would attempt suicide?

24. During the past 12 months, how many times did you actually attempt suicide?

25. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

RATIONALE:

These questions measure attempted suicides and the seriousness of those attempts. Suicide is the third leading cause of death among youth aged 15-24 and the second leading cause of death among white males aged 15-24.[7] The suicide rate for persons aged 15-24 has tripled since 1950.[12]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

6.1* Reduce suicides to no more than 10.5 per 100,000 people. (Also see objective 7.2.)

6.1a* Reduce suicides to no more than 8.2 per 100,000 youth aged 15-19. (Also see objective 7.2a.)

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000 (cont.):

6.2*‡ Reduce by 15% the incidence of injurious suicide attempts among adolescents aged 14-17. (Also see objective 7.8.)

7.2* Reduce suicides to no more than 10.5 per 100,000 people. (Also see objective 6.1.)

7.2a* Reduce suicides to no more than 8.2 per 100,000 youth aged 15-19. (Also see objective 6.1a.)

7.8*‡ Reduce by 15% the incidence of injurious suicide attempts among adolescents aged 14-17. (Also see objective 6.2.)

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* Duplicate objective
‡ Objective measured by the YRBS

TOBACCO USE

QUESTION(S):

26. Have you ever tried cigarette smoking, even one or two puffs?

27. How old were you when you smoked a whole cigarette for the first time?

28. During the past 30 days, on how many days did you smoke cigarettes?

29. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

30. During the past 30 days, how did you usually get your own cigarettes?

31. **When you bought cigarettes** during the past 30 days, were you **ever** asked to show proof of age?

32. During the past 30 days, on how many days did you smoke cigarettes **on school property**?

33. Have you ever tried **to quit** smoking cigarettes?

RATIONALE:

These questions measure smoking experimentation, current smoking patterns, age of initiation, and attempt to quit smoking cigarettes. Tobacco use is considered the chief preventable cause of death in the United States,[15,16] accounting for more than one of every five deaths.[17] Smoking causes heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease. If 29% of the 70 million children now living in the United States smoke cigarettes as adults, then at least 5 million of them will die of smoking-related diseases.[16] In addition, smoking is related to poor academic performance and the use of alcohol and other drugs.[18] Over one million teenagers begin smoking each year.[12]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

3.5‡ Reduce the initiation of cigarette smoking by children and youth so that no more than 15% have become regular cigarette smokers by age 20.

4.5‡ Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents aged 12-17.

QUESTION(S):

34. During the past 30 days, on how many days did you use **chewing tobacco or snuff**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

35. During the past 30 days, on how many days did you use **chewing tobacco or snuff on school property**?

RATIONALE:

This question measures smokeless tobacco use. Oral cancer occurs more frequently among smokeless tobacco users than nonusers and may be 50 times as frequent among long-term snuff users. Smokeless tobacco can lead to the development of oral leukoplakia and gingival recession and can cause addiction to nicotine.[19] Between 1970 and 1986, the prevalence of snuff use increased 15 times and chewing tobacco use increased four times among men aged 17-19.[16]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

3.9‡ Reduce smokeless tobacco use by males aged 12-24 to a prevalence of no more than 4%.

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‡ Objective measured by the YRBS

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ALCOHOL AND OTHER DRUG USE

QUESTION(S):

36. How old were you when you had your first drink of alcohol other than a few sips?

37. During your life, on how many days have you had at least one drink of alcohol?

38. During the past 30 days, on how many days did you have at least one drink of alcohol?

39. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

40. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?

RATIONALE:

These questions measure frequency of alcohol use, age of initiation of drinking, and heavy drinking. Alcohol is a major contributing factor in approximately half of all homicides, suicides, and motor vehicle crashes, which are the leading causes of death and disability among young people.[6] Heavy drinking among youth has been linked conclusively to physical fights, destroyed property, academic and job problems, and trouble with law enforcement authorities.[2]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

4.5‡ Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents aged 12-17.

4.6‡ Reduce the proportion of young people who have used alcohol, marijuana, and cocaine in the past month as follows: 12.6% of youth aged 12-17 and 29.0% of youth aged 18-20 (alcohol use); 3.2% of youth aged 12-17 and 7.8% of youth aged 18-25 (marijuana use); and 0.6% of youth aged 12-17 and 2.3% of youth aged 18-25 (cocaine use).

4.7‡ Reduce the proportion of high school seniors and college students engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28% of high school seniors and 32% of college students.

4.8 Reduce alcohol consumption by people aged 14 and older to an annual average of no more than 2 gallons of ethanol per person.

QUESTION(S):

41. How old were you when you tried marijuana for the first time?

42. During your life, how many times have you used marijuana?

43. During the past 30 days, how many times did you use marijuana?

44. During the past 30 days, how many times did you use marijuana **on school property**?

45. How old were you when you tried **any** form of cocaine, including powder, crack, or freebase, for the first time?

46. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

47. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?

48. During your life, how many times have you used the **crack or freebase** forms of cocaine?

49. During your life, how many times have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

50. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?

51. During your life, how many times have you used any other type of **illegal** drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin?

52. During your life, how many times have you used a needle to inject any **illegal** drug into your body?

53. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

RATIONALE:

These questions measure the frequency and age of initiation of marijuana and cocaine use. Lifetime use of crack cocaine, inhalants, steroids, other illegal drugs, and injected drugs also is measured. In addition to morbidity and mortality due to injury, drug abuse is related to early unwanted pregnancy, school failure, delinquency, and transmission of sexually transmitted diseases (STD), including human immunodeficiency virus (HIV) infection.[20] Despite improvements in recent years, illicit drug use is greater among high school students and other young adults in America than has been documented in any other industrialized nation in the world.[21]

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RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

4.5‡ Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents aged 12-17.

4.6‡ Reduce the proportion of young people who have used alcohol, marijuana, and cocaine in the past month as follows: 12.6% of youth aged 12-17 and 29.0% of youth aged 18-20 (alcohol use); 3.2% of youth aged 12-17 and 7.8% of youth aged 18-25 (marijuana use); and 0.6% of youth aged 12-17 and 2.3% of youth aged 18-25 (cocaine use).

4.11‡ Reduce to no more than 3% the proportion of male high school seniors who use anabolic steroids.

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‡ Objective measured by the YRBS

SEXUAL BEHAVIORS THAT RESULT IN HIV INFECTION, OTHER SEXUALLY TRANSMITTED DISEASES, AND UNINTENDED PREGNANCIES

QUESTION(S):

56. Have you ever had sexual intercourse?

57. How old were you when you had sexual intercourse for the first time?

58. During your life, with how many people have you had sexual intercourse?

59. During the past 3 months, with how many people have you had sexual intercourse?

60. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

RATIONALE:

These questions measure the prevalence of sexual activity, number of sexual partners, age at first intercourse, and alcohol and drug use related to sexual activity. Early sexual activity is associated with unwanted pregnancy and STD, including HIV infection, and negative effects on social and psychological development. Number of sexual partners and age at first intercourse are associated with STD. Alcohol and other drug use may serve as predisposing factors for initiation of sexual activity and unprotected sexual intercourse.[22]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

5.4*‡ Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by age 15 and no more than 40% by age 17. (Also see objectives 18.3 and 19.9.)

5.5‡ Increase to at least 40% the proportion of ever sexually active adolescents aged 17 and younger who have abstained from sexual activity for the previous three months.

18.3*‡ Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by age 15 and no more than 40% by age 17. (Also see objectives 5.4 and 19.9.)

19.9*‡ Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by age 15 and no more than 40% by age 17. (Also see objectives 5.4 and 18.3.)

QUESTION(S):

62. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**?

63. How many times have you been pregnant or gotten someone pregnant?

RATIONALE:

These questions measure use of contraception and identify whether a student has been pregnant or gotten someone pregnant. More than one million teenage girls in the United States become pregnant each year, just over 400,000 teenagers obtain abortions, and nearly 470,000 give birth.[23] One third of all unintended pregnancies occur among teenagers, and 75% of teenage pregnancies occur among adolescents who are not using contraception.[24] The United States leads all other Western developed countries in rates of adolescent pregnancy, abortion, and childbearing.[25]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

5.1 Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents.

5.1a Reduce pregnancies among black adolescent girls aged 15-19 to no more than 120 per 1,000 adolescents.

5.1b Reduce pregnancies among Hispanic adolescent girls aged 15-19 to no more than 105 per 1,000 adolescents.

5.6‡ Increase to at least 90% the proportion of sexually active, unmarried people aged 19 and younger who use contraception, especially combined method contraception that both effectively prevents pregnancy and provides barrier protection against disease.

QUESTION(S):

54. Have you ever been taught about AIDS or HIV infection in school?

55. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?

61. The **last time** you had sexual intercourse, did you or your partner use a condom?

RATIONALE:

These questions measure whether students have received HIV education and whether students talk about HIV infection with parents or other adults. In addition, these questions measure condom use and identify students who have been diagnosed with an STD. AIDS is the 7th leading cause of years of potential life lost before age 65 in the United States[26] and is the 6th leading cause of death for youth aged 15-24.[7] Of the 12 million new cases of STD per year, 86% are among people aged 15-29.[27] STD may result in infertility, adverse effects on pregnancy outcome and maternal and child health, and facilitation of HIV transmission.[28]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

18.4*‡	Increase to at least 50% the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Also see objective 19.10.)
18.4a*‡	Increase to at least 60% the proportion of sexually active, unmarried young women aged 15-19 who used a condom at last sexual intercourse. (Also see objective 19.10a.)
18.4b*‡	Increase to at least 75% the proportion of sexually active, unmarried young men aged 15-19 who used a condom at last sexual intercourse. (Also see objective 19.10b.)
19.10*‡	Increase to at least 50% the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Also see objective 18.4.)
19.10a*‡	Increase to at least 60% the proportion of sexually active, unmarried young women aged 15-19 who used a condom at last sexual intercourse. (Also see objective 18.4a.)
19.10b*‡	Increase to at least 75% the proportion of sexually active, unmarried young men aged 15-19 who used a condom at last sexual intercourse. (Also see objective 18.4b.)

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* Duplicate objective

‡ Objective measured by the YRBS

DIETARY BEHAVIORS

QUESTION(S):

64. How do you describe your weight?

65. Which of the following are you trying to do about your weight?

66. During the past 30 days, did you **diet** to lose weight or to keep from gaining weight?

67. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

68. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

69. During the past 30 days, did you **take diet pills** to lose weight or to keep from gaining weight?

RATIONALE:

These questions measure self-perception of and efforts to modify body weight, including behaviors that may lead to eating disorders and other health problems. Obesity and extreme obesity appear to be increasing by as much as 39% and 64%, respectively, among adolescents aged 12-17.[29] Obesity acquired during childhood or adolescence may persist into adulthood, increasing later risk for chronic conditions such as diabetes, heart disease, high blood pressure, stroke, some types of cancer, and gall bladder disease.[30] In addition, children and adolescents often experience social and psychological stress related to obesity.[31] Obesity in adolescence has been related to depression, problems in family relations, and poor school performance.[32] Overemphasis on thinness during adolescence may contribute to eating disorders, such as anorexia nervosa and bulimia.[33,34] Adolescent females represent a high-risk population for the development of these two health problems and compose 90% to 95% of all patients with eating disorders.[35]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

1.2* Reduce overweight to a prevalence of no more than 20% among people aged 20 and older and no more than 15% among adolescents aged 12-19. (Also see objectives 2.3, 15.10, and 17.12.)

1.7* Increase to at least 50% the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight. (Also see objective 2.7.)

2.3* Reduce overweight to a prevalence of no more than 20% among people aged 20 and older and no more than 15% among adolescents aged 12-19. (Also see objectives 1.2, 15.10, and 17.12.)

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000 (cont.):

2.7* Increase to at least 50% the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight. (Also see objective 1.7.)

15.10* Reduce overweight to a prevalence of no more than 20% among people aged 20 and older and no more than 15% among adolescents aged 12-19. (Also see objectives 1.2, 2.3, and 17.12.)

17.12* Reduce overweight to a prevalence of no more than 20% among people aged 20 and older and no more than 15% among adolescents aged 12-19. (Also see objectives 1.2, 2.3, and 15.10.)

QUESTION(S):

70. Yesterday, how many times did you eat fruit?

71. Yesterday, how many times did you drink fruit juice?

72. Yesterday, how many times did you eat green salad?

73. Yesterday, how many times did you eat **cooked** vegetables?

74. Yesterday, how many times did you eat hamburger, hot dogs, or sausage?

75. Yesterday, how many times did you eat french fries or potato chips?

76. Yesterday, how many times did you eat cookies, doughnuts, pie, or cake?

RATIONALE:

These questions measure food choices. Americans currently consume more than 36% of their total calories from fat. High fat diets, which are associated with increased risk of obesity, heart disease, some types of cancer, and other chronic conditions, often are consumed at the expense of foods high in complex carbohydrates and dietary fiber, considered more conducive to health.[30] Because lifetime dietary patterns are established during youth, adolescents should be encouraged to choose nutritious foods and to develop healthy eating habits.[36]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

2.5* Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10% of calories among people aged 2 and older. (Also see objectives 15.9 and 16.7.)

2.6*‡ Increase complex carbohydrate and fiber-containing foods in the diets of adults to 5 or more daily servings for vegetables (including legumes) and fruits, and to 6 or more daily servings for grain products. (Also see objective 16.8.)

2.8‡ Increase calcium intake so at least 50% of youth aged 12-24 and 50% of pregnant and lactating women consume 3 or more servings daily of foods rich in calcium, and at least 50% of people aged 25 and older consume 2 or more servings daily.

15.9* Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10% of calories among people aged 2 and older. (Also see objectives 2.5 and 16.7.)

16.7* Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10% of calories among people aged 2 and older. (Also see objectives 2.5 and 15.9.)

16.8*‡ Increase complex carbohydrate and fiber-containing foods in the diets of adults to 5 or more daily servings for vegetables (including legumes) and fruits, and to 6 or more daily servings for grain products. (Also see objective 2.6.)

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* Duplicate objective

‡ Objective measured by the YRBS

PHYSICAL ACTIVITY

QUESTION(S):

77. On how many of the past 7 days did you exercise or participate in sports activities for at least 20 minutes **that made you sweat and breathe hard,** such as basketball, jogging, swimming laps, tennis, fast bicycling, or similar aerobic activities?

78. On how many of the past 7 days did you do **stretching exercises**, such as toe touching, knee bending, or leg stretching?

79. On how many of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?

80. On how many of the past 7 days did you **walk or bicycle for at least 30 minutes** at a time? (Include walking or bicycling to or from school.)

81. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

82. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

83. During the past 12 months, on how many sports teams **run by your school**, did you play? (Do not include PE classes.)

84. During the past 12 months, on how many sports teams **run by organizations outside of your school**, did you play?

RATIONALE:

These questions measure participation in physical activity. Regular physical activity increases life expectancy[37] and is associated with good mental health and self-esteem.[38] Additionally, regular physical activity can assist in the prevention and management of coronary heart disease, hypertension, diabetes, osteoporosis, obesity, and mental health problems.[39] School physical education programs can have a significant positive effect on the health-related fitness of children.[40,41]

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000:

1.3*‡ Increase to at least 30% the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. (Also see objectives 15.11 and 17.13.)

1.4‡ Increase to at least 20% the proportion of people aged 18 and older and to at least 75% the proportion of children and adolescents aged 6-17 who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

RELATED NATIONAL HEALTH OBJECTIVE(S) FOR THE YEAR 2000 (cont.):

1.5	Reduce to no more than 15% the proportion of people aged 6 and older who engage in no leisure-time physical activity.
1.6‡	Increase to at least 40% the proportion of people aged 6 and older who regularly perform physical activities that enhance and maintain muscular strength, muscular endurance, and flexibility.
1.7*	Increase to at least 50% the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight. (Also see objective 2.7.)
1.8‡	Increase to at least 50% the proportion of children and adolescents in 1st through 12th grade who participate in daily school physical education.
1.9‡	Increase to at least 50% the proportion of school physical education class time that students spend being physically active, preferably engaged in lifetime physical activities.
2.7*	Increase to at least 50% the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight. (Also see objective 1.7.)
15.11*‡	Increase to at least 30% the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. (Also see objectives 1.3 and 17.13.)
17.13*‡	Increase to at least 30% the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. (Also see objectives 1.3 and 15.11.)

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* Duplicate objective

‡ Objective measured by the YRBS

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